


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90105 001 ****50.00
02-17-2005 90105 002 *****5.00

DOCUMENT # L04000030955	
1. Entity Name WOODPECKER CONST. "LLC"	

Principal Place of Business 3818 A WARD BLVD. PENSACOLA, FLA., 32305	Mailing Address 3818 A WARD BLVD. PENSACOLA, FLA., 32305
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30000454



2. Principal Place of Business 4775 Christy Dr. Suite, Apt. #, etc.	3. Mailing Address 4775 Christy Dr. Suite, Apt. #, etc.
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01112005 Chg-LLC CR2E083 (10/03)

City & State Pensacola, Fla.	City & State Pensacola, Fla.
Zip 32504	Zip 32504
Country	Country

4. FEI Number
743119996

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BUSH, MICHAEL J 3818 A WARD BLVD. PENSACOLA, FL 32505	
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7. Name and Address of New Registered Agent Name <u>Michael J. Bush</u> Street Address (P.O. Box Number is Not Acceptable) 4775 Christy Dr. City <u>Pensacola</u> FL <u>FL</u> Zip Code <u>32504</u>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael J. Bush (Owner 100%) Michael J. Bush 02-15-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONALSON, CHRISTOPHER D 3818 A WARD BLVD. PENSACOLA, FL 32505 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUSH, MICHAEL J 3818 A WARD BLVD PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bush, Michael J 4775 Christy Dr. Pensacola Fla. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael J. Bush Michael J. Bush 02/15/05 850-545-5774
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #