2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90104 043 ****50.00

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DOCUMENT # L04000031266

1. Entity Name
BURDETTE DESIGN/BUILD, LLC

Principal Place of Business	Mailing Address
3300 BINNACLE DR. #114 NAPLES, FL 34103-4189	3300 BINNACLE DR. #114 NAPLES, FL 34103-4189

02192005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4011 BELAIR LANE		4011 BELAIR LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES FL		City & State: NAPLES FL	
Zip: 34103-3526	Country: COLLIER	Zip: 34103-3526	Country: COLLIER

4. FEI Number: 31-1504352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BURDETTE, MELVIN L JR
3300 BINNACLE DR. #114
NAPLES, FL 34103-4189

7. Name and Address of New Registered Agent

Name: BURDETTE, MELVIN L JR.
Street Address (P.O. Box Number is Not Acceptable): 4011 BELAIR LANE
City: NAPLES FL Zip Code: 34103-3526

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: Melvin L Burdette, Jr 2/19/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIEFER, JOAN P 3300 BINNACLE DR. #114 NAPLES, FL 341034189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIEFER, JOAN P 4011 BELAIR LANE NAPLES, FL 34103-3526	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURDETTE, MELVIN L JR 3300 BINNACLE DR. #114 NAPLES, FL 341034189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURDETTE, MELVIN L JR 4011 BELAIR LANE NAPLES, FL 34103-3526	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: MELVIN L BURDETTE, JR Melvin L Burdette Jr 2/19/05 239-643-1893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #