

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

05 JUL 22 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/14/05 90593 033 \$50.00



07142005 K Eckel AUG 02 2005
Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000032479					
1. Entity Name HANSBROUGH CONSTRUCTION COMPANY, LLC					
Principal Place of Business 9043 ALISO RIDGE ROAD GOTHA, FL 34734 US			Mailing Address 9043 ALISO RIDGE ROAD GOTHA, FL 34734 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3790657	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HANSBROUGH, BRET W 9043 ALISO RIDGE ROAD GOTHA, FL 34734				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 <i>Bret W. Hansbrough</i>				DATE 7-10-05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	PRESIDENT/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSBROUGH, DARLENE		NAME		
STREET ADDRESS	9043 ALISO RIDGE ROAD		STREET ADDRESS		
CITY - ST - ZIP	GOTHA, FL 34734		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSBROUGH, BRET W		NAME		
STREET ADDRESS	9043 ALISO RIDGE ROAD		STREET ADDRESS		
CITY - ST - ZIP	GOTHA, FL 34734		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Dale Hays Bray II</i>			DATE: 7-10-05 DAYTIME PHONE: 407-376-5556		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		