


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 21 AM 8:56

<b>DOCUMENT # L04000033778</b> 1. Entity Name <b>ZACHERY DANIEL BUILDERS LLC</b>					
Principal Place of Business <b>92 JANE DR CRAWFORDVILLE, FL 32327</b>			Mailing Address <b>92 JANE DR CRAWFORDVILLE, FL 32327</b>		
2. Principal Place of Business <b>121 MARIE CIRCLE</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CRAWFORDVILLE FL</b>		City & State 		4. FEI Number <b>061724067</b>	
Zip <b>32327</b>		Country <b>WAKULLA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARRELL, DANIEL 92 JANE DR CRAWFORDVILLE, FL 32327</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARRELL, DANIEL 92 JANE DR CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NEWELL, ROGER 501 COUNTRY LANE HAVANA, FL 32333</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEUZE, DAVID 501 COUNTRY LANE HAVANA, FL 32333</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			500059825045 09/21/05--01038--010 **50.00  <b>REINSTATEMENT 2005</b>		
<b>SIGNATURE:</b> <u>D. J. Leuze</u> <b>MANAGING MEMBER</b>			Date <u>4/8/05</u> Daytime Phone # <u>850 528-5290</u>		