2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-7IP

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000037540** 05-02-2005 90100 050 ****50.00 COURY CONSTRUCTION, L.L.C. Principal Place of Business Mailing Address 1479 OAKHILL ROAD 1479 OAKHILL ROAD **GULF BREEZE, FL 32563 GULF BREEZE, FL 32563** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242005 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 62212 20-11 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COURY, RAYMOND F Street Address (P.O. Box Number is Not Acceptable) 1479 OAKHILL ROAD **GULF BREEZE, FL 32563** City Zip Code 8. The above named entity submits this statement for e 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agneture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. **MGRM** ☐ Change ☐ Addition TITLE TITLE ☐ Delete COURY, RAYMOND F NAME NAME STREET ADDRESS 1479 OAKHILL ROAD STREET ADDRESS CITY-ST-ZP **GULF BREEZE, FL 32563** CITY-ST-ZIP ΠηΕ Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DIF Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADORESS CTTY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

FILED