

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

D. S. FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 26 AM 8:33

**DOCUMENT # L04000040113**  
1. Entity Name  
**MANDL CONSTRUCTION, LLC**



Principal Place of Business: 3310 S. SEMORAN BLVD #11 ORLANDO FL 32822 US  
Mailing Address: 3310 S. SEMORAN BLVD #11 ORLANDO FL 32822 US



2. Principal Place of Business: *3310 S Semoran*  
Mailing Address: *1st MOORE CR2E083 (10/04)*

Suite, Apt. #, etc.: *# 11*

City & State: *Orlando FL*

4. FEI Number: *20-1177666*  
Applied For:  Not Applicable

Zip: *32822* Country: *USA*

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

6. Name and Address of Current Registered Agent:  
**MANDL, BERNARD J JR  
3310 S. SEMORAN BLVD  
#11  
ORLANDO FL 32822**

7. Name and Address of New Registered Agent:  
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: *[Signature]* DATE: *10/15/05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reorganizing)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS	
TITLE: MGRM NAME: MANDL, BERNARD J JR STREET ADDRESS: 3310 S. SEMORAN BLVD #11 CITY-ST-ZIP: ORLANDO FL 32822	<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
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**800060950228**  
10/26/05--01033--005 \*\*50.00

**REINSTATEMENT 2005**

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: *[Signature]*