

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041880

FILED  
Sep 07, 2005  
Secretary of State

Entity Name: GREG SCONIERS STUCCO, LLC

**Current Principal Place of Business:**

38 A ORLENE ROAD  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

38 A ORLENE ROAD  
MARY ESTHER, FL 32569

**New Mailing Address:**

FEI Number: 02-0724033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCONIERS, GREG  
38 A ORLENE ROAD  
MARY ESTHER, FL 32569      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SCONIERS, GREG  
Address: 38 A ORLENE ROAD  
City-St-Zip: MARY ESTHER, FL 32569

Title: MGRM      (X) Delete  
Name: DURUM, ALBERT  
Address: 310 SIMS STREET  
City-St-Zip: FT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GREG SCONIERS

MGR

09/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date