2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90016 021 ****50.00

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DOCUMENT # L04000043810

1. Entity Name
DAVID H SANDERS CONTRACTING LLC

Principal Place of Business	Mailing Address
4577 SW 103RD ST RD OCALA, FL 34476 US	P O BOX 772413 OCALA, FL 34477 US

2. Principal Place of Business	3. Mailing Address
4126 CASTLE AVE	PO BOX 6006
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL FL	City & State: SPRING HILL FL
Zip: 34609 / Country: HERNANDO	Zip: 34614-6006 / Country: HERNANDO

02232005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 73-1706964 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDERS, DAVID H JR 4577 SW 103RD ST RD OCALA, FL 34476	Name: SANDERS, DAVID H JR Street Address (P.O. Box Number is Not Acceptable): 4126 CASTLE AVE City: SPRING HILL FL Zip Code: 34609

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: _____ DATE: 2-22-05
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: SANDERS, DAVID H JR STREET ADDRESS: 4577 SW 103RD ST RD CITY-ST-ZIP: OCALA, FL 34476	☐ Delete	TITLE: MGR NAME: SANDERS, DAVID H JR STREET ADDRESS: 4126 CASTLE AVE CITY-ST-ZIP: SPRING HILL FL 34609	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 2-22-05 352-266-4087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #