


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90115 031 ****50.00

DOCUMENT # L04000046895 1. Entity Name GEORGE NUTTER CONSTRUCTION, LLC					
Principal Place of Business NORTH COUNTY HIGHWAY 393-21 SANTA ROSA BEACH, FL 32459 US			Mailing Address NORTH COUNTY HIGHWAY 393-21 SANTA ROSA BEACH, FL 32459 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address PO Box 2411 Suite, Apt. #, etc. 8 City & State Santa Rosa Beach Zip Country 32459			
4. FEI Number 03252005 Chg-LLC CR2E083 (10/03)				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SIHA, CHRISTINA 2700 E. GRAND RESERVE CIRCLE #1024 CLEARWATER, FL 38759	
7. Name and Address of New Registered Agent Name Crystee Raymer Williams Street Address (P.O. Box Number is Not Acceptable) 134 Garnett Bayou City Santa Rosa Beach FL Zip Code 32459				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 Crystee Williams DATE 04-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL, GEORGE NORTH COUNTY HIGHWAY 393-21 SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM George Russell Nutter, Jr N. Co. Hwy 393-21 SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: George A. Nutter <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 8509782651 <small>Daytime Phone #</small>	