


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000048792 1. Entity Name ROBERT COLEMAN, JR. CONTRACTING, LLC	
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Principal Place of Business 451 E. 11TH AVE MT. DORA, FL 32757	Mailing Address 451 E. 11TH AVE MT. DORA, FL 32757
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2. Principal Place of Business 949 E. 5TH AVE.	3. Mailing Address
Suite, Apt. #, etc. MT. DORA, FL	Suite, Apt. #, etc. 949 E. 5TH AVE.

City & State 	City & State MT. DORA, FL
Zip 32757	Country U.S.
Zip 32757	Country U.S.

FILED

05 SEP 15 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20050201



09122005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1342297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent COLEMAN, ROBERT P JR. 451 E. 11TH AVE MT. DORA, FL 32757	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES COLEMAN, ROBERT P JR. 451 E. 11TH AVE. MT. DORA, FL 32757 <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:  9-13-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #