

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050586

FILED
Jul 03, 2005
Secretary of State

Entity Name: ALLSBROOK CONSTRUCTION COMPANY, LLC

Current Principal Place of Business:

200 EAST LAUREL AVENUE
HOWEY IN THE HILLS, FL 34737 US

New Principal Place of Business:

Current Mailing Address:

200 EAST LAUREL AVENUE
HOWEY IN THE HILLS, FL 34737 US

New Mailing Address:

FEI Number: 16-1703390 **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:

ALLSBROOK, MICHAEL L
200 EAST LAUREL AVENUE
HOWEY IN THE HILLS, FL 34737 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ALLSBROOK, MICHAEL L
Address: 200 EAST LAUREL AVENUE
City-St-Zip: HOWEY IN THE HILLS, FL 34737 US

Title: MGRM () Delete
Name: ALLSBROOK, VIRGINIA
Address: 200 EAST LAUREL AVENUE
City-St-Zip: HOWEY IN THE HILLS, FL 34737 US

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: MICHAEL L. ALLSBROOK

MGRM

07/03/2005

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