


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90179 025 ****50.00

DOCUMENT # L04000050787	
1. Entity Name RALPH RICHARDSON CONTRACTING, L.L.C.	

Principal Place of Business 17192 B STREET HAINES CITY, FL 33844	Mailing Address PO BOX 1284 HAINES CITY, FL 33845
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20002277

2. Principal Place of Business 4700 Crump Rd.	3. Mailing Address
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc.
City & State Lake Hamilton, FLA.	City & State
Zip 33851	Country USA



01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number		<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 POBJECKY, J. DAVID 786 AVENUE SW WINTER HAVEN, FL 33880		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 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 RICHARDSON, RALPH 17192 B STREET HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Richardson, Ralph 4700 Crump Rd Suite A. Lake Hamilton FLA 33851 <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
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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: RALPH RICHARDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-14-05

Date

863 422 5792

Daytime Phone #