



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051401 1. Entity Name B & D CONSTRUCTION & SERVICES LLC						<div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">FILED</div> <div style="transform: rotate(-15deg); font-weight: bold;">05 MAY -6 AM 10:11</div> <div style="transform: rotate(-15deg); font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2290 MAGNOLIA CIRCLE TALLAHASSEE, FL 32301				Mailing Address PO BOX 3350 TALLAHASSEE, FL 32315-3350			
2. Principal Place of Business 412 MAGNOLIA DR Suite, Apt. #, etc. TALLAHASSEE, FLORIDA		3. Mailing Address Suite, Apt. #, etc. 				05062005 Chg-LLC CR2E083 (10/03)	
City & State 32301		City & State 		4. FEI Number 430016891		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 		Country 		Zip 		Country 	
6. Name and Address of Current Registered Agent DLADLA, MARIA 2290 MAGNOLIA CIRCLE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name MARIA DLADLA Street Address (P.O. Box Number is Not Acceptable) 412 MAGNOLIA DR TALLAHASSEE 32301 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 <u>DLADLA</u> DATE 5/6/05 <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 September 7, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DLADLA, MARIA 2290 MAGNOLIA CIRCLE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 412 MAGNOLIA DR TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYLAND, MICHELLE 4708 LARAMIE SKY DR. COLORADO SPRINGS, CO 80922 <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		
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: <u>DLADLA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				5/6/05 (850) 545-2539 <small>Date Daytime Phone #</small>			