


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90015 040 \*\*\*\*50.00

**DOCUMENT # L04000052805**

1. Entity Name  
**WARD CONSTRUCTION AND CONSULTING, L.L.C.**



Principal Place of Business      Mailing Address  
**255 FIRE ESCAPE RD**      **P.O. BOX 607**  
**ST MARKS, FL 32355**      **ST MARKS, FL 32355**

30006049



2. Principal Place of Business      3. Mailing Address

Subs. Apt. #, etc.      Subs. Apt. #, etc.

04082005    Chg-LLC    CP2E083 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**20-1295201**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent

**WARD, JAMES T**  
**255 FIRE ESCAPE RD**  
**ST MARKS, FL 32355**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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	<b>MGRM</b> <b>WARD, JAMES T</b> <b>P.O. BOX 607</b> <b>ST MARKS, FL 32355</b> <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	<b>MGRM</b> <b>BARTLETT, CHARLES E</b> <b>205 N DELLVIEW DR</b> <b>TALLAHASSEE, FL 32303</b> <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	<b>MGRM</b> <b>VALLANCOURT, CHRISTOPHER A</b> <b>P.O. BOX 607</b> <b>ST MARKS, FL 32355</b> <input checked="" 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)(f), 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 606, Florida Statutes.

**SIGNATURE:**  **James T. Ward**      Date: **4/10/05**      Daytime Phone #: **850 5285119**