

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000058405</b>					
<b>1. Entity Name</b> TOP-NOTCH CONSTRUCTION, LLC					
<b>Principal Place of Business</b> 68 WILLIE JENKINS CRAWFORDVILLE, FL 32327			<b>Mailing Address</b> PO BOX 6669 TALLAHASSEE, FL 32314		
<b>2. Principal Place of Business</b> <i>68 Willie Jenkins</i>		<b>3. Mailing Address</b> <i>P.O. Box 6669</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>CRAWFORDVILLE FL.</i>		<b>City &amp; State</b> <i>TALLAHASSEE FL.</i>		<b>4. FEI Number</b> <i>52-1183309</i>	
<b>Zip</b> <i>32327</i>		<b>Country</b> <i>USA</i>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>Zip</b> <i>32314</i>		<b>Country</b> <i>LEON</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CHITTIM, WAYNE 68 WILLIE JENKINS CRAWFORDVILLE, FL 32327			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State <b>FL</b>			Zip Code		
<b>9. 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.</b>					
SIGNATURE <i>[Signature]</i>				DATE <i>2-8-05</i>	
(NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHITTIM, WAYNE 68 WILLIE JENKINS CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800046659668</b> <b>02/15/05--01060--006 **50.00</b>			
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>				Date <i>2-8-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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