

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90066 029 ****50.00

DOCUMENT # L04000059332					
1. Entity Name AMERICAN CURB & GUTTER, LLC					
Principal Place of Business 11 COBIA CT. SANTA ROSA BEACH, FL 32459 US			Mailing Address 10859 EMERALD COAST PARKWAY SUITE 204-215 DESTIN, FL 32550 US		
2. Principal Place of Business		3. Mailing Address 11 COBIA CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>SAME</i>		City & State <i>SANTA ROSA Bch, FL</i>		4. FEI Number 202553620	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <i>32459</i>		Country <i>WALTON</i>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POWELL, JOHN 11 COBIA COURT SANTA ROSA BEACH, FL 32459			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 <i>N/A</i> (NOTE: Registered Agent signature required when reinstating) DATE					
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 OURSLE, DARRYL L 332 FRISCO RD. PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARRYL OURSLER 11 COBIA CT. SANTA ROSA Bch, FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, JOHN B 11 COBIA CT SANTA ROSA BEACH, FL 32459	<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	MGR SHUMATE, DALE 1634 LLANI LANE GULF BREEZE, FL 32563	<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	MGR DEBORAH HANNAN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBORAH HANNAN P.O. 2096 SANTA ROSA Bch, FL 32459	<input type="checkbox"/> Change <input checked="" 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
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: <i>Darryl Oursler</i> 6/30/05 850-267-1355 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					