2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 02, 2005 08:00 AM Secretary of State DOCUMENT # L04000060521 MIGUEL A. MARTINEZ CONSTRUCTION LLC Principal Place of Business Mailing Address P.O. BOX 515 P.O. BOX 515 GREENSBORO, FL 32330 GREENSBORO, FL 32330 CR2E083 (10/03) 04142005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0591083 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, MIGUEL A DO NOT WRITE **WOODBERRY ROAD 249** QUINCY, FL 32351 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE MARTINEZ, MIGUEL A NAME STREET ADDRESS P.O. BOX 515 CITY-ST-ZIP GREENSBORO, FL 32330 U000000357984 05/04/05-80093-018 50.00 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 1 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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP