

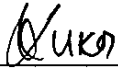


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90029 041 ****50.00

DOCUMENT # L04000065447 1. Entity Name D & A CONSTRUCTION, LLC																																																																																																																	
Principal Place of Business 6427 SALIS DR. #417 JACKSONVILLE, FL 32216				Mailing Address 6427 SALIS DR. #417 JACKSONVILLE, FL 32216																																																																																																													
2. Principal Place of Business MEHMEDOVIC ABDULAH		3. Mailing Address DIA CONSTRUCTION, LLC																																																																																																															
Suite, Apt. #, etc. 2538 RANDY RD		Suite, Apt. #, etc. 2538 RANDY RD																																																																																																															
City & State JACKSONVILLE FL.		City & State JACKSONVILLE FL.																																																																																																															
Zip 32216	Country DUVAL	Zip 32216	Country DUVAL																																																																																																														
4. FEI Number 02062005 Chg-LLC CR2E083 (10/03)				Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MEHMEDOVIC, ABDULAH 6427 SALIS DR. #417 JACKSONVILLE, FL 32216																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEHMEDOVIC, ABDULAH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6427 SALIS DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32216</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEHMEDOVIC, AVDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2865 RIPLEY AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32207</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MGR MEHMEDOVIC ABDULAH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2538 RANDY RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32216</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>		TITLE	NAME	<input type="checkbox"/> Delete	NAME	MEHMEDOVIC, ABDULAH		STREET ADDRESS	6427 SALIS DR.		CITY-ST-ZIP	JACKSONVILLE, FL 32216		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MEHMEDOVIC, AVDO		STREET ADDRESS	2865 RIPLEY AVE.		CITY-ST-ZIP	JACKSONVILLE, FL 32207		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MGR MEHMEDOVIC ABDULAH		STREET ADDRESS	2538 RANDY RD		CITY-ST-ZIP	JACKSONVILLE FL 32216		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																															
NAME	MEHMEDOVIC, ABDULAH																																																																																																																
STREET ADDRESS	6427 SALIS DR.																																																																																																																
CITY-ST-ZIP	JACKSONVILLE, FL 32216																																																																																																																
TITLE	MGRM	<input type="checkbox"/> Delete																																																																																																															
NAME	MEHMEDOVIC, AVDO																																																																																																																
STREET ADDRESS	2865 RIPLEY AVE.																																																																																																																
CITY-ST-ZIP	JACKSONVILLE, FL 32207																																																																																																																
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME	MGR MEHMEDOVIC ABDULAH																																																																																																																
STREET ADDRESS	2538 RANDY RD																																																																																																																
CITY-ST-ZIP	JACKSONVILLE FL 32216																																																																																																																
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
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: MEHMEDOVIC ABDULAH 																																																																																																																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																																	