

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jul 13, 2005 8:00 am
Secretary of State

04-29-2005 90051 008 ****50.00

DOCUMENT # L04000069305																																																					
1. Entity Name SHELDON FOGG CONSTRUCTION SERVICES LLC																																																					
Principal Place of Business 1645 DUNLAWTON AVE. APT. # 2422 PORT ORANGE FL 32127			Mailing Address 1645 DUNLAWTON AVE. APT. # 2422 PORT ORANGE FL 32127																																																		
2. Principal Place of Business		3. Mailing Address																																																			
Suits, Apt. #, etc.		Suite, Apt. #, etc.																																																			
City & State		City & State		4. FEI Number 04-1656652																																																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent FOGG, SHELDON B 1645 DUNLAWTON AVE APT. # 2422 PORT ORANGE FL 32127				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 33%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 33%; padding: 5px;"> <div style="border: 1px solid black; padding: 2px;"> PRESIDENT SHELDON B. FOGG 1645 DUNLAWTON AVE 2422 PORT ORANGE, FL 32127 </div> <input type="checkbox"/> Delete </td> <td style="width: 33%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td colspan="3" style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td colspan="3" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td colspan="3" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td colspan="3" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td colspan="3" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td colspan="3" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td colspan="3" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> PRESIDENT SHELDON B. FOGG 1645 DUNLAWTON AVE 2422 PORT ORANGE, FL 32127 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida																																																					
SIGNATURE: _____ SHELDON FOGG 1645 Dunlawton Ave. #2422 Port Orange, FL 32127																																																					