

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L04000069638</b> 1. Entity Name <b>G &amp; B CONTRACTORS, LLC</b>						<b>FILED</b> <b>05 APR -7 PM 2:46</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>22-04 ST LUCIA STREET</b> <b>KISSIMME, FL 34743</b>				Mailing Address <b>22-04 ST LUCIA STREET</b> <b>KISSIMME, FL 34743</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>GONZALO SAMANIEGO CABRERA</b> <b>22-04 ST LUCIA STREET</b> <b>KISSIMME, FL 32792</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>20-1652125</b> NOT APPLICABLE			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable			
Signature, typed or printed name of registered agent and title if applicable.				DATE			
<b>Amended AR is \$50.00</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMANIEGO CABRERA, GONZALO 22-04 ST LUCIA STREET KISSIMME, FL 34743			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CESAR ALARCON, JARAMILLO 22-04 ST LUCIA STREET KISSIMME, FL 34743			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100054032401 05/09/05--01004--003 <b>**55.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, DARWIN 22-04 ST LUCIA STREET KISSIMME, FL 34743			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVADENEIRA, VICENTE 22-04 ST LUCIA STREET KISSIMME, FL 34743			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVADENEIRA, GEOVANNY 22-04 ST LUCIA STREET KISSIMME, FL 34743			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, HELICIO 22-04 ST LUCIA STREET KISSIMME, FL 34743			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.							
<b>SIGNATURE:</b>				<b>3/31/05</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date			
				Daytime Phone #			