

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000069936

1. Entity Name  
ABELARD CONSTRUCTION, FLORIDA, LLC



**FILED  
May 09, 2005 8:00 am  
Secretary of State**

05-09-2005 90051 021 \*\*\*\*50.00

**20058230**



04282005 Chg-LLC CR2E083 (10/03)

Principal Place of Business  
13750 WEST COLONIAL DRIVE  
SUITE 360  
WINTER GARDEN, FL 34787 US

Mailing Address  
13750 WEST COLONIAL DRIVE  
SUITE 360  
WINTER GARDEN, FL 34787 US

2. Principal Place of Business  
*55 Skyline Drive*  
Suite, Apt. #, etc.

3. Mailing Address  
*55 Skyline Drive*  
Suite, Apt. #, etc.

City & State  
*Lake Mary, FL*  
Zip *32746* Country *Seminole*

City & State  
*Lake Mary, FL*  
Zip *32746* Country *Seminole*

5. Name and Address of Current Registered Agent  
COPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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**

**Make check payable to  
Florida Department of State**

9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELMEDICO, ANTHONY J 13750 WEST COLONIAL DRIVE, SUITE 360 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHARD, BRIAN K 13750 WEST COLONIAL DRIVE, SUITE 360 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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
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SIGNATURE: _____ (Signature and typed or printed name of signing managing member, manager, or authorized representative)	<i>5/1/05 407-771-0377</i>	Date _____	Daytime Phone # _____
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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)(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.