

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90040 041 ****50.00

20058918



DOCUMENT # L04000071877 1. Entity Name DAWSON CONSTRUCTION, LLC					
Principal Place of Business 1205 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880 US				Mailing Address 1205 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05112005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAWSON, JOSEPH A 1205 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880				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 _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWSON, JOSEPH A 1205 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Manager 5/11/2005 863-291-0259 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					