

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 APR -7 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000072390 1. Entity Name CURT SKATES BUILDING CONTRACTOR & ROOFING LLC					
Principal Place of Business 5331 JACKSON ROAD FT. MYERS, FL 33905			Mailing Address 5331 JACKSON ROAD FT. MYERS, FL 33905		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03182005 Chg-LLC CR2E083 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 25-31700086				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SKATES, CURTIS W 5331 JACKSON ROAD FT. MYERS, FL 33905			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 _____ Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SKATES, CURTIS W 5331 JACKSON ROAD FT. MYERS, FL 33905	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	04/06/05--90025--009--\$25.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SKATES, MILDRED 5331 JACKSON ROAD FT. MYERS, FL 33905	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	200054039592 05/09/05--01017--003 **\$25.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: <u><i>Curtis W. Skates</i></u> 4/2/06 239-850-1590 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					