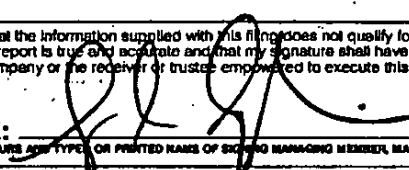


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

01-31-2005 90200 030 ****50.00

DOCUMENT # L04000072461			
1. Entity Name R.D.A. CONSTRUCTION, L.L.C.			
Principal Place of Business 4711 34TH STREET NORTH, UNIT D ST. PETERSBURG, FL 33714		Mailing Address 4711 34TH STREET NORTH, UNIT D ST. PETERSBURG, FL 33714	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'CONNOR, PATRICK M ESQ. C/O O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, SUITE 180 CLEARWATER, FL 33764		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
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	GAUDINEER, SON 4711 34th St. N.; Ste D ST. PETE, FL 33714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAYHEW, MICHAEL W. 4711 34th St. N.; Ste D ST. PETE, FL 33714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ 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
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:  _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	

30000730



01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1718305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required