2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 04, 2005 8:00 am Secretary of State **DOCUMENT # L04000073185** 05-04-2005 90036 025 ****50.00 INSIDE & OUT CONSTRUCTION, LLC Principal Place of Business Mailing Address 20030000 2813 SE 20TH AVE 2813 SE 20TH AVE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 04292005 CR2E083 (10/03) Chq-LLC Applied For City & State 4. FEI Number City & State 2800° 5105 Not Applicable Zip Country Zip Country \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, LAWRENCE R Street Address (P.O. Box Number is Not Acceptable) 2813 SE 20TH AVE CAPE CORAL, FL 33904 City 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 typediction and name of log stored agents ad the Tabb cabe. c'IOI s. Hogistered Agent signature required when reliable age Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. q MGR ☐ Change ☐ Addition ■ Delete TITI F TITLE SMITH, LAWRENCE R HAME NAME STREET ADDRESS STREET ADDRESS 2813 SE 20TH AVE CAPE CORAL, FL 33904 CITY ST ZIP CITY ST 7IP ☐ Change Addition ☐ Delete TITLE TID F NAME 1.AME STREET ALKIRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Delete ☐ Change Addition TITLE **EAME** NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST 2019 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY ST ZIP Delete TILLE ☐ Change ■ Addition TITLE NAME **LAME** STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Delete ☐ Chanoe ■ Addition TITLE TITLE NAME LAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIF 11. Thereby 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.

SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED