

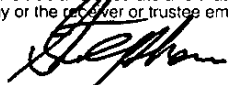
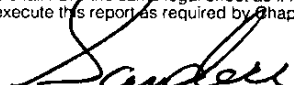


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000073913</b> 1. Entity Name <b>STEPHEN SANDERS BUILDERS, LLC</b>						<b>FILED</b> 05 JAN 10 AM 10:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 5620 OLD HICKORY LN TALLAHASSEE, FL 32303				Mailing Address 5620 OLD HICKORY LN TALLAHASSEE, FL 32303			
2. Principal Place of Business			3. Mailing Address			01102005    Chg-LLC    CR2E083 (10/03)  4. FEI Number <span style="float: right;">Applied For</span> <span style="float: right;">Not Applicable</span>	
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			
EAGAN, JOHN 818 ASHLYN TALLAHASSEE, FL 32303				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDERS, STEPHEN E 37D BUCKHORN TRAIL GREENVILLE, FL 32331 <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	MGRM CAREY, WALTER #2 DESTINY LN. CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jeremy Andley 5620 Old Hickory Ln. Tallah. FL 32302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCWHITE, CARLTON W 1529 N MISION RD APT 2 TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James Robertson 1750 Hutchinson Ferry Rd. Quincy, FL 32352 <input type="checkbox"/> Change <input checked="" 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		
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		
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.							
<b>SIGNATURE:</b> 				<b>SIGNATURE:</b> 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>1-10-05</b> Daytime Phone # <b>(850) 510-3911</b>			