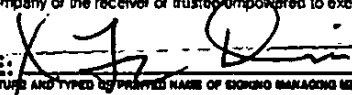


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

01-31-2005 90202 034 ****50.00

DOCUMENT # L04000075290			
1. Entity Name A1A CONSTRUCTION SERVICES, LLC			
Principal Place of Business 5333 COMMERCE SQ. SUITE 1 INDIANAPOLIS, IN 46237		Mailing Address 5333 COMMERCE SQ. SUITE 1 INDIANAPOLIS, IN 46237	
2. Principal Place of Business 4959 S.E. Pine Ridge Way		3. Mailing Address 5855 Kopetsky Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Stuart FL		City & State Indpls IN	
Zip 34997	Country US	Zip 46217	Country US
4. FEI Number 20-1762173		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COCHRAN, ROBERT 5091 STRAFFORD OAKS SEBRING, FL 33875			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
State 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: 1/24/05	
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	MGR DAVIS, TROY 5333 COMMERCE SQ., SUITE 1 INDIANAPOLIS, IN 46237	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, TROY 5855 KOPETSKY DR. STE. L INDPLS, IN 46217
	☐ Delete		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	☐ Delete		☐ 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 606, Florida Statutes.			
SIGNATURE: 		DATE: 1/24/05 (317) 501-9607	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	