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	Mailing Address
5333 COMMERCE SQ. SUITE 1 INDIANAPOLIS, IN 46237	5333 COMMERCE SQ. SUITE 1 INDIANAPOLIS, IN 46237

01102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4959 S.E. Pine Ridge Way	5855 Kopetsky Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste L.
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	7. Name and Address of New Registered Agent
COCHRAN, ROBERT 5091 STRAFFORD OAKS SEBRING, FL 33875	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: Robert Cochran 1/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, TROY 5855 KOPETSKY DR. STE. L INDPLS, IN 46217 ☒ 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
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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] 1/24/05 (317) 501-9607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #