

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081886

FILED
Feb 07, 2005
Secretary of State

Entity Name: PARTLOW SCHAEFFER CONTRACTING, LLC

Current Principal Place of Business:

1300 PINE TREE DRIVE
SUITE 2A
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

1300 PINE TREE DRIVE
SUITE 2A
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PARTLOW, WAYNE A
Address: 9264 CORRAL VIEW
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGRM () Delete
Name: SCHAEFFER, STEVEN E
Address: 949 FLOTILLA CLUB DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: MGRM () Delete
Name: PARTLOW, WILLIAM E
Address: 214 ASHBOURNE COURT
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM PARTLOW

VP

02/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date