


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90119 043 ****50.00

DOCUMENT # L04000082739	
1. Entity Name DILL CONSTRUCTION LLC	

Principal Place of Business 1620 STONECROP ST. SEBASTIAN FL 32958	Mailing Address 1133 BAL HARBOR BLVD. #1139 PMB 221 PUNTA GORDA FL 33950
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2. Principal Place of Business Suite, Apt. #, etc. 819 Cordele Ave NW City & State Port Charlotte FL Zip 33948		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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1st MOORE CR2E083 (10/04)

4. FEI Number 84-1663645		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DILL, MIKE 1620 STONECROP ST. SEBASTIAN FL 32958		7. Name and Address of New Registered Agent Name Dill, Mike Street Address (P.O. Box Number is Not Acceptable) 819 Cordele Ave NW Port Charlotte FL Zip Code 33948	

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 Mike Dill Mike Dill MGR 4-19-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DILL, MIKE 1620 STONECROP ST. SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dill, Mike 819 Cordele Ave NW Port Charlotte FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALMENDINGER, NAN 1620 STONECROP ST. SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Almendinger, Nan 819 Cordele Ave NW Port Charlotte FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Mike Dill Mike Dill 4-19-05 772-360-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #