

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-17-2005 90119 044 ****50.00



DOCUMENT # L04000083717
 1. Entity Name
 DILL CONSTRUCTION LLC

Principal Place of Business Mailing Address
 MIKE DILL MIKE DILL, PMB 221
 1620 STONECROP ST 1133 BAL HARBOR BLVD., SUITE 1139
 SEBASTIAN FL 32958 PUNTA GORDA FL 33950-6574



2. Principal Place of Business 3. Mailing Address
 Mike Dill
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 819 Cordele Ave NW

1st MOORE CR2E083 (10/04)

City & State City & State
 Port Charlotte FL
 Zip Country Zip Country
 33948 Charlotte

4. FEI Number Applied For
 84-1663645 Not Applicable
 5. Certificate of Status Desired \$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
 City Zip Code
 Port Charlotte FL 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
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILL, MIKE 1620 STONECROP ST SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALMENDINGER, NAN 1620 STONECROP ST SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 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	MGR Almendinger Nan 819 Cordele Ave NW Port Charlotte, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 4-29-05 772-360-8721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #