

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90427 021 \*\*\*\*50.00

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<b>DOCUMENT # L04000087944</b> 1. Entity Name <b>MCGILL CONTRACTING &amp; CONSULTING, LLC</b>					
Principal Place of Business <b>981 STE 3 HIGHWAY 98 E UNIT 146 DESTIN, FL 32541 US</b>			Mailing Address <b>981 STE 3 HIGHWAY 98 E UNIT 146 DESTIN, FL 32541 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>41-2155452</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCGILL, MICHAEL J JR. 981 STE 3 HIGHWAY 98 E UNIT 146 DESTIN, FL 32541</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCGILL, MICHAEL J JR. 981 STE 3 HIGHWAY 98 E - UNIT 146 DESTIN, FL 32541</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____		<b>3/22/2005 (850) 766-3966</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date    Daytime Phone #			