

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90080 035 ****55.00

DOCUMENT # L04000088673

1. Entity Name

AH & MN CONSTRUCTION, LLC



Principal Place of Business

**302 EAST END ROAD
SAN MATEO FL 32187
US**

Mailing Address

**302 EAST END ROAD
SAN MATEO FL 32187
US**



2. Principal Place of Business

302 EAST END ROAD

Suite, Apt. #, etc.

3. Mailing Address

302 EAST END ROAD

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

SAN MATEO, FL

City & State

SAN MATEO, FL

4. FEI Number

20-2370673

Applied For

Not Applicable

Zip

32187

Country

AMERICA

Zip

32187

Country

AMERICA

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOPPER, ALLEN R
302 EAST END ROAD
SAN MATEO FL 32187**

7. Name and Address of New Registered Agent

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

Allen R. Hopper

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

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 MGR ☐ Delete
NAME HOPPER, ALLEN R
STREET ADDRESS 302 EAST END ROAD
CITY-ST-ZIP SAN MATEO FL 32187

TITLE MGR ☐ Delete
NAME NEARING, MICHAEL L
STREET ADDRESS 129 FERN WAY
CITY-ST-ZIP SAN MATEO FL 32187

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Allen R. Hopper (ALLEN R. HOPPER)

3/25/05 (386) 325-4106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #