


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L94000000229 1. Entity Name BETTER BUILT GROUP, L.C.	
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Principal Place of Business 8811 GROW DR. PENSACOLA, FL 32514	Mailing Address 8811 GROW DR. PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE



01282004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3234481	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

**DAWS, CLINT
8811 GROW DR.
PENSACOLA, FL 32514**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000042751
02/10/04-80037-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWS, CLINT 8811 GROWN DR. PENSACOLA, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHILLIPS, RUPERT 2720 PROSPERITY AVE. FAIRFAX, VA 22034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: H. Clint Daws **H. CLINT DAWS** 1/29/04 850-478-3298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #