

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90099 011 \*\*\*\*50.00

**DOCUMENT # M01000001368**

1. Entity Name  
**LODESTAR CONSTRUCTION COMPANY, LLC**



Principal Place of Business  
**2008 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204**

Mailing Address  
**2008 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204**

14026390



**DO NOT WRITE IN THIS SPACE**

07132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3725291**

Applied For,  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FRANKLIN, FRED D JR  
50 NORTH LAURA STREET, SUITE 3900  
JACKSONVILLE, FL 32202**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FRANKLIN, FRED D  
50 N. LAURA STREET, SUITE 2900  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MONCRIEF, DAN  
2008 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Diane Davis  
2008 Riverside Ave  
Jax, FL 32204**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**member  
Long Road Construction, LLC  
2008 Riverside Ave  
Jacksonville FL 32204**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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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:**

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

Date

Daytime Phone #

*[Signature]* member 7/16/04 904-3969910