

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002337

FILED  
Jan 18, 2005  
Secretary of State

**Entity Name:** CHURCH BUILDING CONSULTATION, LLC

**Current Principal Place of Business:**

2101 S LYNDONVILLE ROAD  
LYNDONVILLE, NY 14098

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 476  
LYNDONVILLE, NY 14098

**New Mailing Address:**

**FEI Number:** 02-0601056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKEE, BARBARA  
16021 AMBERWOOD LAKE CT UNIT 4  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

GAMBUZZA, MARIO  
16061 AMBERWOOD LAKE CT UNIT B-1  
FORT MYERS, FL 33908 US

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.

SIGNATURE: MARIO GAMBUZZA

01/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LUNN, ROBERT E  
Address: 2101 S LYNDONVILLE ROAD  
City-St-Zip: LYNDONVILLE, NY 14098

Title: MGRM ( ) Delete  
Name: LUNN, CAROL S  
Address: 2101 S LYNDONVILLE ROAD  
City-St-Zip: LYNDONVILLE, NY 14098

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT E LUNN

PRES

01/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date