

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90132 016 ****55.00

DOCUMENT # M04000004269

1. Entity Name

MULTICON CONSTRUCTION, LLC



Principal Place of Business

1848 E. CO. HWY. 30A, UNIT 10
SEAGROVE BEACH FL 32459

Mailing Address

1848 E. CO. HWY. 30A, UNIT 10
SEAGROVE BEACH FL 32459

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2002 Summit Blvd.

Suite, Apt. #, etc.

Suite 1000

City & State

Atlanta, Georgia

Zip

30319

Country

USA



1st MOORE

CR2E083 (10/04)

4. FEI Number

34-2014168

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REA, WILLIAM J JR.
1848 E. CO. HWY. 30A, UNIT 10
SEAGROVE BEACH FL 32459

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

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

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	REA, WILLIAM J JR.	
STREET ADDRESS	1848 E. CO. HWY. 30A, UNIT 10	
CITY-ST-ZIP	SEAGROVE BEACH FL 32459	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCKNIGHT, DEBORAH R	
STREET ADDRESS	2002 SUMMIT BLVD., STE. 1000	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCKNIGHT, JAMES P	
STREET ADDRESS	2002 SUMMIT BLVD., STE. 1000	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

2-4-05 404 250.4090