



# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP -8 AM 10:04

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 2002 SUMMIT BLVD SUITE 1000 ATLANTA, GA 30319		
2. Principal Place of Business <u>2302 S. Manhattan Ave.</u>		3. Mailing Address <u>(Above)</u>			
Suite, Apt. #, etc. <u>#105</u>		Suite, Apt. #, etc.		09012005 Chg-LLC CR2E083 (10/03)	
City & State <u>Tampa, FL</u>		City & State		4. FEI Number 34-2014168	
Zip <u>33629</u>		Country <u>USA</u>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <u>James Patrick McKnight</u> Street Address (P.O. Box Number is Not Acceptable) <u>2302 #105 S. Manhattan Avenue</u> City <u>Tampa</u> FL Zip Code <u>33629</u>		
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 <u>James P. McKnight</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>09/01/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REA, WILLIAM J JR. 1848 E. CO. HWY. 30A, UNIT 10 SEAGROVE BEACH, FL 32459	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKNIGHT, DEBORAH R 2002 SUMMIT BLVD., STE. 1000 ATLANTA, GA 30319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKNIGHT, JAMES P 2002 SUMMIT BLVD., STE. 1000 ATLANTA, GA 30319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>James P. McKnight</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>09/01/05</u> 404-250-4090 <small>Date Day/Time Phone #</small>		