


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT.

4/6/2005-90025-009-\$25.00-\$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 AM 10: 26

DOCUMENT # L04000072390			
1. Entity Name CURT SKATES BUILDING CONTRACTOR & ROOFING LLC			
Principal Place of Business 5331 JACKSON ROAD FT. MYERS, FL 33905		Mailing Address 5331 JACKSON ROAD FT. MYERS, FL 33905	
2. Principal Place of Business		3. Mailing Address	
Suito, Apt. #, etc.		Suito, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 2531700086		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SKATES, CURTIS W 5331 JACKSON ROAD FT. MYERS, FL 33905		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		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SKATES, CURTIS W 5331 JACKSON ROAD FT. MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SKATES, MILDRED 5331 JACKSON ROAD FT. MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	2005560201 Change <input type="checkbox"/> Addition 06/10/05--01045--001 **25.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Curtis W. Skates</i>		Date: 4/2/05 239-850-1590	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	