2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016739

1. Entity Name
MYDDELTON/PARKER BUILDERS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -3 PM 1:24 W02/03/04

Principal Place of Business
1481 SPURCE AVENUE
TALLAHASSEE, FL 32303

Mailing Address
1481 SPURCE AVENUE
TALLAHASSEE, FL 32303

02032004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-3762104 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MYDDELTON, JAKE M
1481 SPURCE AVENUE
TALLAHASSEE, FL 32303

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	JAKE MYDDELTON	
STREET ADDRESS	1481 SPRUCE AVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	MGRM	☐ Delete
NAME	JOHN P. PARKER	
STREET ADDRESS	1481 SPRUCE AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME	800028322468	
STREET ADDRESS	02/06/04--01025--007 **50.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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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: Jake Myddelton 2/3/04 850-251-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #