## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Jan 26, 2006 8:00 am **Secretary of State** DOCUMENT # L05000017770 1. Entity Name 01-26-2006 90070 045 \*\*\*\*55.00 LOFTY HEIGHTS CONSTRUCTION, L.L.C. Principal Place of Business Mailing Address 8036 EIGHT MILE CREEK ROAD 8036 EIGHT MILE CREEK ROAD PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 32 -0140928 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZIMMERMAN, LESLIE WAYNE Street Address (P.O. Box Number is Not Acceptable) 8036 EIGHT MILE CREEK ROAD PENSACOLA FL 32526 City Zip Code 8. The above gamed 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, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ☐ Delete ☐ Change ☐ Addition NAME TOMS, JIMMIE DALE JR NAME STREET ADDRESS 18765A VAUGHN ROAD STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP SEMINOLE AL 36574 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ZIMMERMAN, LESLIE WAYNE NAME STREET ADDRESS STREET ADDRESS 8036 EIGHT MILE CREEK ROAD CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-ZIP TITLE \_\_\_ TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

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