

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90067 011 ***138.75

DOCUMENT # L05000112138

1. Entity Name
 SITTE CONSTRUCTION, L.L.C.



Principal Place of Business
 2140 SCURLOCK ROAD
 SOUTHPORT, FL 32409

Mailing Address
 P.O. BOX 8688
 SOUTHPORT, FL 32409



01152008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1694438	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

~~ALL FLORIDA FIRMING~~ CAREY M SITTE
~~675 DELTONA BLVD, SUITE A~~ 2140 SCURLOCK ROAD
 DELTONA, FL 32725 SOUTHPORT FL 32409

DO NOT WRITE IN THIS SPACE

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 CAREY M SITTE, MGRM

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

(NOTE: Registered Agent signature required when reinstating)

1/22/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SITTE, CAREY 2140 SCURLOCK ROAD SOUTHPORT, FL 32409
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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

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

850-258-7987

Date

1/22/08

Daytime Phone #