

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000112301

1. Entity Name
TORCASSO CONSTRUCTION, LLC



Principal Place of Business
1170 E. NURSERY
SANTA ROSA BEACH, FL 32459

Mailing Address
1170 E. NURSERY
SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE



04282008No Chg-LLC CR2E083 (12/07)

| | |
|--|---------------------------------------|
| 4. FEI Number 20-3754473 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

TORCASSO, MARK
1170 E. NURSERY
SANTA ROSA BEACH, FL 32459

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

05/27/08-80054-014 143.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TORCASSO, MARK 1170 E. NURSERY SANTA ROSA BEACH, FL 32459 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TORCASSO, RUSSELLE 1170 E. NURSERY SANTA ROSA BEACH, FL 32459 |
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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: Mark Torcasso Date: 4/29/08 Daytime Phone #: 850-368-5603

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