2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010603

1. Entity Name

G.E.V. CONSTRUCTION, LLC



FILED May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2602 SW 132 WAY DAVIE, FL 33330

2602 SW 132 WAY DAVIE, FL 33330



04292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
65-1040592		Not Applicable
5. Certificate of Status Desired		O Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VONNOH, GEORGE E JR 2602 SW 132 WAY DAVIE, FL 33330 DO NOT WRITE IN THIS SPACE

8	3. 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 reinstaling

DATE

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

U00000946732 05/30/08~80057-025 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VONNOH, GEORGE E 2602 SW 132 WAY DAVIE, FL 33330		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET AOORESS CITY-ST-ZIP	· ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the			

DO NOT WRITE

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 the fundamental 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 of the service of the limited liability company of the liability company of the

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHOR

R AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #