

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011977

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** IRWIN CONTRACTING OF EAST FLORIDA, LLC

**Current Principal Place of Business:**

43-46 NORRE GADE  
#137  
ST THOMAS, VI 00802

**Current Mailing Address:**

P.O. BOX 267  
ST THOMAS, VI 00804

**New Principal Place of Business:**

800 SECOND AVENUE SOUTH  
SUITE #210  
ST PETERSBURG, FL 33701 US

**New Mailing Address:**

800 SECOND AVENUE SOUTH  
SUITE #210  
ST PETERSBURG, FL 33701 US

**FEI Number:** 02-0595660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENKINS, DAVID A  
333 3RD AVE N STE 400  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

IRWIN, INNES H  
800 SECOND AVENUE SOUTH  
SUITE #210  
ST. PETERSBURG, FL 33701 US

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.

**SIGNATURE:** INNES H IRWIN

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** 4I, LLC,  
**Address:** PO BOX 267  
**City-St-Zip:** ST THOMAS, VI 00804

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** 4I, LLC,  
**Address:** 333 FOURTH STREET N, 4TH FLOOR  
**City-St-Zip:** ST PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** INNES H IRWIN

MGRM

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date