2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # L01000003469** 05-01-2006 90036 002 *****5.00 1. Entity Name 06-05-2006 90001 020 ****45.00 E.D.C. CONSTRUCTION, L.C. Principal Place of Business Mailing Address 1757 2ND STREET NORTHEAST WINTER HAVEN FL 33881 1757 2ND STREET NORTHEAST WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 52-2316333 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certilicate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASEY, ALLAN L Street Address (P.O. Box Number is Not Acceptable) 395 AVE C NW WINTER HAVEN FL 33881 City Zin Code 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 Grantine, hypert or prented name of register or agents as a later 2 capabousts (NOTE Hupsieled Argent regulative required when reincludes): DATÉ 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 TITLE BILL Delete ☐ Change ■ Addition MANAE CALHOUN, LEANDER JR NAME STREET ADDRESS STREET ADDRESS 1757 2ND STREET NORTHEAST CITY-ST-ZIP CITY-ST-7P WINTER HAVEN FL 33881 TITLE ☐ Defeto ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7/P mi ☐ Deleta ☐ Change Addition NAME NAAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Detete ☐ Change ☐ Addition NAME MALLE STREET ADDRESS STREET ADDRESS City-St-712 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition UNE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 1151 F ☐ Addition Delete TITLE Chance NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-ST-78P 11. 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 eath; that I cm 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:

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jun 05, 2006 8:00 am

Caylone Phone 8