2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 15, 2006 8:00 am Secretary of State DOCUMENT # L01000007637 02-15-2006 90135 002 ****50.00 SOUTHBEACH GENERAL CONTRACTORS, LLC Mailing Address Principal Place of Business 806 EAST THIRD AVENUE NEW SMYRNA BEACH FL 32169 806 EAST THIRD AVENUE NEW SMYRNA BEACH FL 32169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 59-3729843 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRAIG, JOHN S Street Address (P.O. Box Number is Not Acceptable) 6034 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169 Zip 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulard when reinstating) DATE 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 TITLE **MGRM** ☐ Delete Change ■ Addition CRAIG, JOHN S NAME NAME 2050 TURTLEMOUND RD. STREET ADDRESS STREET ADORESS 6034 S ATLANTIC AVE 32-169 CITY-ST-ZIP NAM SMYRNA BCH., FL CITY-St-7IP NEW SMYRNA BEACH FL 32169 Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 AND TYPED OR ARINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/06

FILED