


ANNUAL REPORT

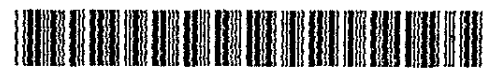
FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000010846
 1. Entity Name
OSCAR BULLARD GENERAL CONTRACTOR, L.L.C.



Principal Place of Business Mailing Address
 994 N. BARFIELD DR. 2266 ROYAL LANE
 #42 NAPLES, FL 34112
 MARCO ISLAND, FL 34145



01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1137897 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
 WOODWARD, CRAIG R
 6060 BALD EAGLE DR., STE 500
 MARCO ISLAND, FL 34145

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9. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1000000380616
01/11/06-80021-011 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULLARD, OSCAR 2266 ROYAL LANE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULLARD, LINDA L 2266 ROYAL LANE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 606, Florida Statutes.

SIGNATURE: *Oscar Bullard* Oscar Bullard Jan 05, 2006 239-289-2770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #