

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020257

FILED
Apr 08, 2006
Secretary of State

Entity Name: H2O CONSTRUCTION, LLC

Current Principal Place of Business:

918 SHINGLE ROAD
CHATTANOOGA, TN 37409 US

New Principal Place of Business:

2545 SOUTH ATLANTIC AVENUE - PH 5
DAYTONA BEACH SHORES, FL 32118 US

Current Mailing Address:

918 SHINGLE ROAD
CHATTANOOGA, TN 37409 US

New Mailing Address:

2454 SOUTH ATLANTIC AVENUE - PH 5
DAYTONA BEACH SHORES, FL 32118 US

FEI Number: 36-4488990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, PATRICK M
5359 FLORANCE POINT DRIVE
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

FOSTER, PATRICK M
2545 SOUTH ATLANTIC AVENUE - PH 5
DAYTONA BEACH SHORES, FL 32118 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: PATRICK M. FOSTER PE

04/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOSTER, PATRICK M P.E.
Address: 5359 FLORANCE POINT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOSTER, PATRICK M P.E.
Address: 2545 SOUTH ATLANTIC AVENUE - PH 5
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

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: MANAGING MEMBER/MANAGER SIGNATURE

MGR

04/08/2006

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