

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000002831**

**1. Entity Name**  
**HOWE CONSTRUCTION COMPANY OF GAINESVILLE,  
LLC**



**Principal Place of Business**  
**3940 NW 16TH BLVD., BLDG. A**  
**GAINESVILLE, FL 32605**

**Mailing Address**  
**3940 NW 16TH BLVD., BLDG. A**  
**GAINESVILLE, FL 32605**



01032008 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**02-0611577**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HOWE, RICHARD R**  
**3940 NW 16TH BLVD., BLDG. A**  
**GAINESVILLE, FL 32605**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Signature, typed or printed name of registered agent and title if applicable.*

*(NOTE: Registered Agent signature required when reinstating)*

**DATE**

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** **P**  
**NAME** **HOWE, RICHARD R**  
**STREET ADDRESS** **3940 N.W. 16TH BLVD., BLDG A**  
**CITY-ST-ZIP** **GAINESVILLE, FL 32605**

**TITLE**  
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04/20/06-80068-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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 608, Florida Statutes.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

**3-30-06**

**Date**

**352-367-9192**

**Daytime Phone #**