## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000002831

HOWE CONSTRUCTION COMPANY OF GAINESVILLE, LLC



FILED Apr 25, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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

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



03192008 No Chg-LLC

CR2E083 (12/07)

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

## DO NOT WRITE

GAINESVILLE, FL 32605		IN TH	IN THIS SPACE	
8. The above the obliga	e named entity submits this statement for the purpose of chartions of registered agent.	l ging its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWE, RICHARD R 3940 N.W. 16TH BLVD., BLDG A GAINESVILLE, FL 32605			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000921418 05/15/08-80005-025 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

352-367-919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEM BER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #