

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000018406

FILED
Jun 17, 2008
Secretary of State**Entity Name:** STOCK CONSTRUCTION, LLC**Current Principal Place of Business:**2647 PROFESSIONAL CIRCLE
SUITE 1201
NAPLES, FL 34119**New Principal Place of Business:****Current Mailing Address:**2647 PROFESSIONAL CIRCLE
SUITE 1201
NAPLES, FL 34119**New Mailing Address:****FEI Number:** 51-0432655**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOODLETTE COLEMAN JOHNSON YOVANOVICH ET AL
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: STOCK, BRIAN K
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201
City-St-Zip: NAPLES, FL 34119**Title:** VP () Delete
Name: IMIG, ROBERT M
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201
City-St-Zip: NAPLES, FL 34119**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: IMIG, ROBERT M
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN K. STOCK

MGR

06/17/2008

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