2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# L02000034697

Entity Name: FLORIDA BUILDING GROUP, LLC

Current Principal Place of Business:

2804 CLOVER DEW COURT
VALRICO, FL 33594

New Principal Place of Business:

2915 WINDING TRAIL DRIVE
VALRICO, FL 33594

Current Mailing Address:

2804 CLOVER DEW COURT
VALRICO, FL 33594

New Mailing Address:

2915 WINDING TRAIL DRIVE
VALRICO, FL 33594

FEI Number: 43-4459529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROY, REUBEN S III
2804 CLOVER DEW COURT
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

ROY, REUBEN S III
2915 WINDING TRAIL DRIVE
VALRICO, FL 33594 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: _____ 01/10/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROY, REUBEN S III
Address: 2804 CLOVER DEW COURT
City-St-Zip: VALRICO, FL 33594

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROY, REUBEN S III
Address: 2915 WINDING TRAIL DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGRM ( ) Change (X) Addition
Name: ROY, KIMBERLY B
Address: 2915 WINDING TRAIL DRIVE
City-St-Zip: VALRICO, FL 33594

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: REUBEN S ROY, III MGRM 01/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date