2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003354

1. Entity Name
RGV CONSTRUCTION, LLC

Principal Place of Business

145 NORTH SKYFLOWER POINT LECANTO, FL 34461 Mailing Address

145 NORTH SKYFLOWER POINT LECANTO, FL 34461

FILED Feb 15, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02132006No Chg-LLC CR2E083 (11/05)

4. FEI Number | Applied For | 13-4233336 | Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

RAY

6. Name and Address of Current Registered Agent

VARGA, RAY 145 NORTH SKYFLOWER POINT LECANTO, FL 34461

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, typector printed name of registered agent and title if applicable.	(NOTE. Registered Agent eignisture required when reinstating) DATE
Filing Fee is \$50.00 Sue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CATY-ST-ZIP	MGRM VARGA, RAY 145 NORTH SKYFLOWER POINT LECANTO, FL 34461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000434444 02/25/06-80002-011 50.00
TITLE NAME STREET ADDRESS CITY-ST-DP		DO NOT WRITE
name Name Street address City-St-Dp		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	
11. I hereby certify that the information supplied with this filling does not quality 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		