2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L03000015495

Entity Name: SNIPPERT CONSTRUCTION LLC

Current Principal Place of Business:

PO BOX 440755
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

PO BOX 440755
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 56-2308034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SNIPPERT, AARON J
6371 COLLINS ROAD APT 1114
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

SNIPPERT, AARON J
1633 LISA DAWN DRIVE
MIDDLEBURG, FL 32068 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: 04/30/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SNIPPERT, AARON J
Address: 6371 COLLINS ROAD APT 1114
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR ( ) Delete
Name: SNIPPERT, ADAM E
Address: 6371 COLLINS ROAD APT 506
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SNIPPERT, AARON J
Address: 1633 LISA DAWN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR (X) Change ( ) Addition
Name: SNIPPERT, ADAM E
Address: 1638 MARY BETH DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

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: AARON J. SNIPPERT MGR 04/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date