2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NATURE AND TYPED OR PRINTED NAME OF SIGN

Secretary of State DOCUMENT # L03000022078 02-28-2005 90044 050 ****50.00 2ND GENERATION CONTRACTING, LLC Principal Place of Business Mailing Address 1403 TEXAS PARKWAY 1403 TEXAS PARKWAY 20016151 CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 2. Principal Place of Business 3. Mailing Address 5688 REINKE DR 5688 REINKE DR Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For FIA FIA 06-1693079 RESTUTE Not Applicable RESTYTEL Country Country: \$5.00 Additional 5. Certificate of Status Desired П USA Uninfed STATES Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MING CADENMEAD, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5688 RELAKE DR. 850 N FERDON BLVD CRESTVIEW, FL 32536 CRESTUTEW 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 familia with, and accept the obligations of registered agent. Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. CT. TITLE ☐ Delete TITLE Change ☐ Addition KING, HEVIN NAME CADENHEAD, ROBERT NAME. SUBB REINNE DA. 850 N FERNDON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-ZIP CRESTYJEW FI. 32539 CŤ-Delete TITLE ☐ Change ■ Addition KING, KEVIN NAME NAME STREET ADDRESS 1403 TEXAS PARKWAY STREET ACCRESS CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F Detete ппе ■ Addition ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE Addition MARKET NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Detete TITLE TETI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 (850)9<u>78-2805</u>

AMAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 28, 2005 8:00 am