

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000036988
1. Entity Name



CLEVELAND CONSTRUCTION L.L.C.

FILED

2006 JUL 14 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7579 OLD ST. Augustine Rd.
Suite, Apt. #, etc.

3. Mailing Address 7579 OLD ST. AUGUSTINE Rd.
Suite, Apt. #, etc.

BK

CR2E083B (8/05)

City & State TALLAHASSEE - FL
Zip 32311 Country LEON

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Zip 32311 Country LEON

4. FEI Number 05-0587310
Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name STEIN SLIGER P.A.
Street Address (P.O. Box Number is Not Acceptable) 1407 PIEDMONT DRIVE EAST
City TALLAHASSEE FL Zip 32308

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 STEIN SLIGER P.A.
Signature, typed or printed name of registered agent and title if applicable.

07-12-06
DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE OWNER - (MGR)
NAME Robert C. Cleveland
STREET ADDRESS 7579 OLD ST. Augustine Rd
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE 400077944864
NAME 07/25/06--01030--004 **50.00
STREET ADDRESS
CITY-ST-ZIP

TITLE Bookkeeper/office manager (MGRM)
NAME Valerie L. Cleveland
STREET ADDRESS 7579 OLD ST. Augustine Road
CITY-ST-ZIP Tallahassee, FL 32311

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11. I hereby certify that the information supplied with this filing 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 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: Valerie L. Cleveland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07-12-06 (850) 878-9499
Date Daytime Phone #