2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # L03000042678 MIKE REDFEARN CONSTRUCTION, LLC Principal Place of Business Mailing Address 7381 STATE ROAD #21 KEYSTONE HEIGHTS FL 32656 PO BOX 81 KEYSTONE HEIGHTS FL 32656 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-0394796 Not Applicat Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name NEWELL, PAUL D Street Address (P.O. Box Numbe) is Not Acceptable) 260A LAWRENCE BLVD. SUITE 201 KEYSTONE HEIGHTS FL 32656 Zip Code 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. It am familiar with, and access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered report and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 U0000050007**5** Make Check Payable to Florida Department of State 04/25/06-80007-010 50.00 Due By May 1, 2006 9, ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ☐ Change Aranii mile TITLE MGRM ☐ Detete NAME NAME REDFEARN, MICHAEL S STREET ADDRESS STREET ADDRESS 7361 STATE ROAD #21 CDTY - ST-ZDP KEYSTONE HEIGHTS FL 32656 CITY-ST-ZIP Chance The Advanced ☐ Delete 111128 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Ar "" ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TIME ☐ Delete 7171.8 NAME NAME. STREET ADDRESS STREET ADDRESS CITY ST-ZIP DITY-ST-20P ☐ Ai ``` ☐ Change TITLE ☐ Dolete TITLE kłaref NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Porida 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: Muchuel & Rolloam

APRILB, 2000 (352)475-3

FILED