2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Mar 28, 2006 8:00 am Secretary of State DOCUMENT # L03000042988 1. Entity Name 03-28-2006 90014 021 ****50.00 BEESLEY CONSTRUCTION COMPANY, LLC Principal Place of Business Mailing Address 2200 MONTCLAIR RD., STE. 101 LEESBURG FL-34748 2200 MONTCLAIR RD., STE. 101 LEEGBURG FL 34748 2115 J Citrus Blud P.O. BOX 490053 Leesbulg, F1.34748 2. Principal Place of Business Leesburg Mailing Address 2115 J. Citrus P.O. Bux Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 33-1074491 H108104 FLORIDA Not Applicable eesbu Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRILL, KENNETH Street Address (P.O. Box Number is Not Acceptable) 2200 MONTCLAIR RD., STE. 101 LEESBURG FL 34748 Zip Code F 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MER TITLE TITLE Change Addition MGRM Delete Beesley, Christopher NAME BEESLEY, CHRISTOPHER A NAMÉ D.O. Box 490053 STREET ADDRESS STREET ADDRESS 2200 MONTCLAIR RD., STE, 101 CITY-ST-ZIE CITY-ST-ZIP LEESBURG FL 34748 TITLE ☐ Delete TITLE Change Addition MGR NAME NAME WAGNER, JAMES A STREET ADDRESS STREET ADDRESS 3325 MIDDLEBURY STREET CITY-ST-ZIP CITY-ST-2IP ELKHART IN 46516 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WAGNER CONSTRUCTION COMPANY, LLC. STREET ADDRESS STREET ADDRESS 3325 MIDDLEBURY STREET CITY-ST-ZIP CITY+ST-7/P **ELKHART IN 46516** ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or the reactive) or trustee empowered to execute my report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED