

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000043686

1. Entity Name
TOM RICHARDSON CONSTRUCTION LLC



Principal Place of Business
6330 CLANCE ROAD
KEYSTONE HEIGHTS FL 32656
US

Mailing Address
4237 S.E. 2ND AVENUE
KEYSTONE HEIGHTS FL 32656
US

2. Principal Place of Business
6330 CLANCE ROAD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 217

City & State
Keystone Heights, FL
Zip 32656 Country US

City & State
HORSESHOE BEACH, FL
Zip 32648 Country US

**FILED
Mar 29, 2006 8:00 am
Secretary of State**

03-29-2006 90023 020 ****50.00



1st MOORE CR2E083 (10/05)

4. FEI Number 20-0394784	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

RICHARDSON, THOMAS J
4237 S.E. 2ND AVENUE
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name Tom Richardson		
Street Address (P.O. Box Number is Not Acceptable) 209 E PTH AVE.		
City HORSESHOE BEACH	FL	Zip Code 32648

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 *Tom Richardson* *Tom Richardson* DATE *3-23-06*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, THOMAS J 4237 S.E. 2ND AVENUE KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>m 6 e RICHARDSON, THOMAS J. P.O. Box 217 HORSESHOE BEACH, FL 32648</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Tom Richardson*

3-23-06 352 665 8580

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

Date

Daytime Phone #