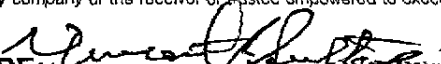


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000045345			
1. Entity Name VINCENT J. SULTENFUSS, SR. GENERAL CONTRACTOR, LLC			
Principal Place of Business 29 DAVIS BLVD TAMPA, FL 33606		Mailing Address 29 DAVIS BLVD SUITE B TAMPA, FL 33606	
DO NOT WRITE IN THIS SPACE			
		 03022006 No Chg-LLC CR2E003 (11/05)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SULTENFUSS, VINCENT J SR 29 DAVIS BLVD SUITE B TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when restateing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		1000000475157 04/05/06-80004-012 50.00	
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SULTENFUSS, VINCENT J SR. 29 DAVIS BLVD TAMPA, FL 33606		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  VINCENT J. SULTENFUSS, SR. 13-16-06 813-234-1715		Date Daytime Phone if	