


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000046527</b>					
<b>1. Entity Name</b> PRECISION CONSTRUCTION, L.L.C.					
<b>Principal Place of Business</b> 475 WILLIE PRESHA RD QUINCY, FL 32351			<b>Mailing Address</b> 475 WILLIE PRESHA RD QUINCY, FL 32351		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>BK</b>			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0412840	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RICHARD A. GLOVER, C.P.A., P.A. 1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>BK</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLA, JAMES T 475 WILLIE PRESHA RD QUINCY, FL 32351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRESURY VILLA WILLIAM C 475 WILLIE PRESHA RD QUINCY FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400098318074 04/24/07--01054--017 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<b>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.</b>					
<b>SIGNATURE:</b> _____			4-23-07 (850) 556-0994		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

**FILED**  
 07 APR 23 AM 10:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04232007 Chg-LLC CR2E083 (12/06)