


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

FILED
May 25, 2006 8:00 am
Secretary of State

04-28-2006 90016 032 ****55.00

DOCUMENT # L03000047682			
1. Entity Name CAL TECH CONSTRUCTION, LLC			
Principal Place of Business 1003 QUAKER RIDGE CT OVIDO FL 32765		Mailing Address 1003 QUAKER RIDGE CT OVIDO FL 32765	
2. Principal Place of Business <i>1003 Quaker Ridge Ct</i> Suite, Apt. #, etc. <i>OVIDO FL</i>		3. Mailing Address <i>1003 Quaker Ridge Ct</i> Suite, Apt. #, etc. <i>OVIDO FL</i>	
City & State <i>32765</i>		City & State <i>OVIDO FL</i>	
Zip	Country <i>Sam</i>	Zip	Country <i>Sam</i>
4. FEI Number 27-0072971		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KOLINS, RAY 1003 QUAKER RIDGE CT OVIDO FL 32765		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE			
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	MGRM KOLINS, RAY 1003 QUAKER RIDGE COURT OVIDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>[Signature]</i>		Date: <i>5-22-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	