

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90085 004 ****50.00

DOCUMENT # L03000048062	
1. Entity Name R E ELLIOTT CONSTRUCTION LLC	

Principal Place of Business 9711 WINTERBERRY WAY TALLAHASSEE, FL 32305	Mailing Address 9711 WINTERBERRY WAY TALLAHASSEE, FL 32305 US
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2. Principal Place of Business 722 Mary Ave.	3. Mailing Address 722 Mary Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Walton Beach FL	City & State Fort Walton Beach FL
Zip 32547	Zip 32547
Country OKALOOSA	Country OKALOOSA



07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0431542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIOTT, RALPH E 9711 WINTERBERRY WAY TALLAHASSEE, FL 32305		7. Name and Address of New Registered Agent Name Elliott Ralph E Street Address (P.O. Box Number is Not Acceptable) 722 Mary Ave. City Fort Walton Beach, FL Zip Code 32547	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT, RALPH E 9711 WINTERBERRY WAY TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Elliott Ralph E 722 Mary Ave Fort Walton Beach FL 32547 <input checked="" 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 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: Ralph E Elliott R E Elliott 7-7-06 850-528-2671
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #