

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048500

FILED
Feb 27, 2008
Secretary of State

Entity Name: DE GUEHERY CONSTRUCTION, LLC

Current Principal Place of Business:

1403 CARLSON DR
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1403 CARLSON DR
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 58-2678027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUTLER, RONALD
1172 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

DE GUEHERY, THOMAS
1403 CARLSON DR
ORLANDO, FL 32804 US

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.

SIGNATURE: THOMAS DE GUEHRY

02/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DE GUEHERY, THOMAS
Address: 1403 CARLSON DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OD () Change (X) Addition
Name: STOPANI, JONATHAN
Address: 1403 CARLSON DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: OD () Change (X) Addition
Name: CARABALLO, ROBERT
Address: 1403 CARLSON DRIVE
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS DE GUEHERY

MGRM

02/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date