2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jan 12, 2006 8:00 am
Secretary of State
01-12-2006 90037 014 ****50.00

01092006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
HARTWIG CONSTRUCTION, L.L.C.

Principal Place of Business	Mailing Address
17217 SWEETWATER ROAD DADE CITY, FL 33523	P.O. BOX 1252 ZEPHYRHILLS, FL 33539

2. Principal Place of Business		3. Mailing Address	
39043 RUANN CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ZEPHYRHILLS FL		City & State	
Zip: 33540	Country: PASCO	Zip	Country

4. FEI Number: 65-1210681 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTWIG, W. WILLIAM JR 17217 SWEETWATER ROAD DADE CITY, FL 33523	Name: HARTWIG W WILLIAM JR Street Address (P.O. Box Number is Not Acceptable): 39043 RUANN COURT City: ZEPHYRHILLS FL Zip Code: 33540

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] W WILLIAM HARTWIG JR JAN 10 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☐ Change ☐ Addition
NAME	HARTWIG, W. WILLIAM JR		NAME	HARTWIG W WILLIAM JR	
STREET ADDRESS	17217 SWEETWATER RD		STREET ADDRESS	39043 RUANN CT	
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] W WILLIAM HARTWIG JR JAN 10, 2006 813-782-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #