

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000050091</b>			
1. Entity Name WATKINS CONSTRUCTION & ROOFING L.L.C.			
Principal Place of Business PO BOX 831 BONIFAY, FL 32425	Mailing Address PO BOX 831 BONIFAY, FL 32425		
<b>DO NOT WRITE IN THIS SPACE</b>			
			02212006 No Chg-LLC      CR2E083 (11/05)
6. Name and Address of Current Registered Agent  WATKINS, MARK 2946 SAND PATH RD. BONIFAY, FL 32425		4. FEI Number 54-2141283	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATKINS, MARK PO BOX 831 BONIFAY, FL 32425		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATKINS, MATTHEW PO BOX 831 BONIFAY, FL 32425		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOTSON, JARED 1714 ERNO ST LYNN HAVEN, FL 32444		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: <u>Mark Watkins</u> <u>Mark Watkins</u> <u>2-21-06</u> <u>(850) 547-9546</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date Daytime Phone #</small>			