## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000050404

1. Entity Name

LAS PALMAS CONTRACTORS, LLC



**FILED** May 01, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

151 REGIONS WAY SUTTE 1-C DESTIN, FL 32541 151 REGIONS WAY

DO NOT WRITE IN THIS SPACE

SUITE 1-C

DESTIN, FL 32541



01032006 No Cho-LLC

CR2E083 (11/05)

4. FEI Number 20-0450024

Applied For Not Applicab

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, AMY A 4477 LEGENDARY DRIVE 202

DESTIN, FL 32541

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6.	The above named entity submits this statement	i ior ine purpose c	or changing its registered office of	tethisteled afterit of n	om, in the state of riorida.	rammammar with, and accep
	the obligations of registered agent.	_		•		

SIGNATURE

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

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEWITT, MICHAEL B 151 REGIONS WAY, SUITE 1-C DESTIN, FL 32541				
TITLE NAME STREET ADDRESS CATY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CATY-ST-ZIP					
TITLE MAME STREET ADDRESS GUY-S7-ZIP					

U00000547197 05/12/06-80014-010 50.00

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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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: