2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 17, 2007 08:00 AM DOCUMENT # L03000051666 Secretary of State 1. Entity Name OSWALD BUILDERS, LLC Principal Place of Business Mailing Address 720 NE 95TH ST. 720 NE 95TH ST. OCALA, FL 34479 OCALA, FL 34479 01062007No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OSWALD, CORDELL B DO NOT WRITE 720 NE 95TH ST. OCALA, FL 34479 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U000000589711 Filing Fee Is \$50.00 Due by May 1, 2007 01/18/07-80027-005 50.00 9. MANAGING MEMBERS/MANAGERS grand on a good to war. MGRM TITLE while it gives party in the OSWALD, CORDELL B NAME STREET ADDRESS 720 NE 95TH ST. The first of the second of the OCALA, FL 34479 CITY-ST-7/P graph programme and and a constraint TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE TILE NAME ng chung hing a di tu bang ng katalan a di tung Manggang di tung ng katalan di tung ng katalan ang katalan ang katalan ang katalan ang katalan ang katalan ang STREET ADDRESS CITY-ST-ZIP En many the transfer out the same of the same of NAME STREET ADDRESS CITY-ST-ZIP TITLE

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11. I hereby certify that the information supplied with this filing does not qualify to 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 of trustee empowered to execute the report as required by Chapter 608, Florida Statutes.

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NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE.

SIGNATURE AND TYPED OF FRONTED NAME OF SIGNANG MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

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