2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # L03000051856 1. Entity Name STEPHEN WHEATON PROPERTY & CONSTRUCTION SERVICES, LLC. Principal Place of Business Mailing Address 3201 TYRONE BOULEVARD NORTH SAINT PETERSBURG FL 33710 3201 TYRONE BOULEVARD NORTH SAINT PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied Fu-4. FEI Number 54-2136395 Nat Applic. Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEATON, STEPHEN 3201 TYRONE BOULEVARD NORTH Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG FL 33710 City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent agenture required when remainling) FILE NOW!!! FEE IS \$50.00 .... Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM Tritt ☐ Change ☐ #-\*\*\* ☐ Delete NAME WHEATON, STEPHEN NAME U00000490042 STREET ADDRESS 3201 TYRONE BOULEVARD NORTH STREET ADDRESS 04/18/06-80039-019 55.00 CUTY-ST-702 SAINT PETERSBURG FL 33710 CITY-ST-ZIP TISLE ☐ Delete TITLE ☐ Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Caly-SI-ZIP TITLE ☐ Detete ☐ Change □ Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP ☐ Delete T434 F ☐ Change D # \*\*\* NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete IME ☐ Change ☐ AddS NAME 机机机车 STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITLE ☐ Delete HILE Change □ Add<sup>a</sup> 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 Section 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.

STEAMEN WHEATON

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE