

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053981

Entity Name: ARMADILLO BUILDERS LLC

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

12140 MARGARITA AVE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

12140 MARGARITA AVENUE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-0524534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLEPECK, ANETA
12140 MARGARITA AVE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

SLEPECKI, ANETA
12140 MARGARITA AVE
NORTH PORT, FL 34287 US

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.

SIGNATURE: ANETA SLEPECKI

02/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SLEPECKI, ANETA
Address: 12140 MARGARITA AVE
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM () Delete
Name: MURMAN, PIOTR
Address: 12140 MARGARITA AVE
City-St-Zip: NORTH PORT, FL 34287

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MOSZCZYNSKI, MAREK
Address: 12059 MARGARITA AVE.
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PIOTR MURMAN

P

02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date