

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055179

FILED
Jan 31, 2006
Secretary of State

Entity Name: HUDSON CONSTRUCTION MANAGEMENT, LLC

Current Principal Place of Business:

415 MOUNTAIN DR.
SUITE 2
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5601
DESTIN, FL 32540

New Mailing Address:

FEI Number: 20-0509143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFIELD, P. COLLEEN
1719 S. COUNTY HWY 393
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

HUDSON, AMES M
415 MOUNTAIN DR
SUITE 2
DESTIN, FL 32540 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: AMES M HUDSON

01/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUDSON, AMES M
Address: 126 INDIAN BAYOU DR.
City-St-Zip: DESTIN, FL 32540

Title: MGR () Delete
Name: CASTLE, JOSH C
Address: 99 SHIRAH ST
City-St-Zip: DESTIN, FL 32550

Title: MGR () Delete
Name: WARD, ALLEN F
Address: 825 NORTH LAKESIDE DR
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

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

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

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

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: AMES M HUDSON

MGR

01/31/2006

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