
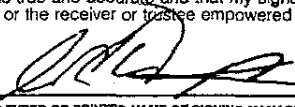


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000000589 1. Entity Name ASCOTT CONSTRUCTION, LLC		
Principal Place of Business 5426 BLUEPOINT DRIVE PORT RICHEY, FL 34668	Mailing Address 5426 BLUEPOINT DRIVE PORT RICHEY, FL 34668	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JONAS, STEVEN K 4410 EVANS AVENUE NEW PORT RICHEY, FL 34652		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASCOTT, ROBERT W 5426 BLUEPOINT DRIVE PORT RICHEY, FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASCOTT, WENDY L 5426 BLUEPOINT DRIVE PORT RICHEY, FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1/16/06 Daytime Phone # 727-847-1706



01162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-1380892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/25/06-80018-020 50.00

**DO NOT WRITE
IN THIS SPACE**