FILED
Mar 29, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000000747

1. Entity Name
CHRISTENSEN CONSTRUCTION, L.L.C.

Principal Place of Business
2120 N. MORNINGSIDE RD.
AVON PARK, FL 33852-9538

Mailing Address
2120 N. MORNINGSIDE RD.
AVON PARK, FL 33852-9538

DO NOT WRITE IN THIS SPACE

03232006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
34-2021305
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHCRAFT, ALAN S CPA
246 LAKE DAMON DR.
AVON PARK, FL 33825

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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 ______ Signature, typed or printed name of registered agent and title if applicable ______ (NOTE: Registered Agent signature required when reinstating) ______ DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHRISTENSEN, LEO H
STREET ADDRESS	2120 N. MORNINGSIDE RD.
CITY ST ZIP	AVON PARK, FL 33825
TITLE	MGRM
NAME	CHRISTENSEN, CAROL A
STREET ADDRESS	2120 N. MORNINGSIDE RD.
CITY ST ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
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CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: [signature] ALAN S. ASHCRAFT, CPA REGISTERED AGENT 3/23/2006 863 453-065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #