
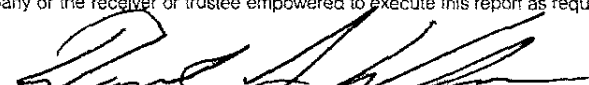


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000003847</b> 1. Entity Name <b>DSW CONSTRUCTION SERVICES, LLC</b>		
Principal Place of Business <b>4411 BEE RIDGE ROAD #249 SARASOTA FL 34233</b>		Mailing Address <b>4411 BEE RIDGE ROAD #249 SARASOTA FL 34233</b>
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number <b>32-0156637</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>WILSON, DAVID S 4411 BEE RIDGE ROAD #249 SARASOTA FL 34233</b>		Name Street Address (P O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code
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 _____ (NOTE: Registered Agent signature required when substituting)		
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE: <b>MGR</b> <input type="checkbox"/> Delete NAME: <b>WILSON, DAVID S</b> STREET ADDRESS: <b>4411 BEE RIDGE RD.</b> CITY-ST-ZIP: <b>SARASOTA FL 34233</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>MGRM</b> <input type="checkbox"/> Delete NAME: <b>WILSON, DAVID S</b> STREET ADDRESS: <b>4411 BEE RIDGE RD.</b> CITY-ST-ZIP: <b>SARASOTA FL 34233</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000531883 05/06/06-80059-016 50.00	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.		
SIGNATURE: 		Date: <b>4-15-06</b> Daytime Phone #: <b>941 378 96</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		



1st MOORE CR2E083 (10/05)