


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**


05-01-2006 90083 007 \*\*\*\*55.00

<b>DOCUMENT # L04000004120</b> 1. Entity Name <b>REYNO DESIGN &amp; CONSTRUCTION LLC</b>	
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Principal Place of Business <b>16295 NORTHDAL OAKS DRIVE TAMPA, FL 33624</b>	Mailing Address <b>16295 NORTHDAL OAKS DRIVE TAMPA, FL 33624</b>
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2. Principal Place of Business <i>612 H. MATANZAS</i>	3. Mailing Address <i>612 H. MATANZAS</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>TAMPA FL</i>	City & State <i>TAMPA, FL</i>	4. FEI Number <b>20-2825337</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33609</i>	Country <i>USA</i>	Zip <i>33609</i>	Country <i>USA</i>



04282006 Chg-LLC CR2E083 (11/05)

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>REYNO, HUMBERTO 16295 NORTHDAL OAKS DRIVE TAMPA, FL 33624</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <span style="float: right;"><b>FL</b> Zip Code _____</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date is required. (NOTE: Registered Agent signature requires when retaking.)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYNO, HUMBERTO			NAME			
STREET ADDRESS	16295 NORTHDAL OAKS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:**  *4/28/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Optional Photo if