2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006
Secretary of State

DOCUMENT# L04000007553

Entity Name: WAYNE MACDONALD CONTRACTOR LLC

Current Principal Place of Business:

5554 METRO WEST BLVD.
APT #112
ORLANDO, FL 32811

New Principal Place of Business:

8102 LAKE PARK ESTATES BOULEVARD
ORLANDO, FL 32818

Current Mailing Address:

5554 METRO WEST BLVD.
APT #112
ORLANDO, FL 32811

New Mailing Address:

8102 LAKE PARK ESTATES BOULEVARD
ORLANDO, FL 32818

FEI Number: 04-9384388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MACDONALD, WAYNE P
5554 METRO WEST BLVD.
APT. #112
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

MACDONALD, WAYNE P
8102 LAKE PARK ESTATES BOULEVARD
ORLANDO, FL 32818 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: WAYNE P MACDONALD 07/19/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete
Name: WAYNE, MACDONADL P
Address: 5554 METROWEST BLVD.
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition
Name: WAYNE, MACDONADL P
Address: 8102 LAKE PARK ESTATES BOULEVARD
City-St-Zip: ORLANDO, FL 32818 US

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: WAYNE P. MACDONALD MR. 07/19/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date