

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 05, 2008
Secretary of State**

DOCUMENT# L04000012166

Entity Name: JAMES M. ECKELT CONTRACTING, L.L.C.

Current Principal Place of Business:

4807 SKYLINE BLVD.
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

4807 SKYLINE BLVD.
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 65-0820894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKELT, JAMES M
4807 SKYLINE BLVD.
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ECKELT, JAMES M
Address: 4807 SKYLINE BLVD
City-St-Zip: CAPE CORAL, FL 33914 LE

Title: VP () Delete
Name: ECKELT, DONNA L
Address: 4807 SKYLINE BLVD
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ECKELT, JAMES M
Address: 4807 SKYLINE BLVD
City-St-Zip: CAPE CORAL, FL 33914 LE

Title: MGRM (X) Change () Addition
Name: ECKELT, DONNA L
Address: 4807 SKYLINE BLVD
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify 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: JAMES M. ECKELT

MGRM

05/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date