## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000012912

RENE'S CONSTRUCTION, LLC



**FILED** Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

20 EMPRESS LANE PALM COAST, FL 32164 20 EMPRESS LANE PALM COAST, FL 32164



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04052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0802248

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGHAUSER, MARY M 35 BARKWOOD LANE PALM COAST, FL 32137

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|  | named entity submits this statement for the purpose of cha<br>ions of registered agent. | inging its registered office or registered agent, or t      | ooth, in the State of Florida. I am familiar with, and accept |
|--|---|---|---|
| SIGNATURE  | Signature, typed or printed name of registered agent and title if applicable            | (NOTE Registered Agent signature required when reinstating) | DATE  |
| Fi<br>D  | ling Fee is \$50.00<br>ue by May 1, 2006  |   |   |
| 9.   | MANAGING MEMBERS/MANAGERS   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST-ZIP | MGRM<br>LASO, RENE<br>20 EMPRESS LANE<br>PALM COAST, FL 32164                           |   |   |
| TITLE NAME STREET ADDRESS CITY & ST-ZIP          |   |   | U00000530842<br>05/06/06-80014-017 50.00                      |

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STREET ADDRESS

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.

NAME STREET ADDRESS

MAME

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE