


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90093 006 ****50.00

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| DOCUMENT # L04000013676 |  |
| 1. Entity Name RIVER CITY CONTRACTING, LLC | |

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|---|---|
| Principal Place of Business 11544 EMUNESS ROAD JACKSONVILLE, FL 32218 | Mailing Address 11544 EMUNESS ROAD JACKSONVILLE, FL 32218 |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



07032006 Chg-LLC CR2E083 (11/05)

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|---|--|--|
| 4. FEI Number 56-2438642 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent SCHRAMM, JENNIFER E 1157 CREEKS EDGE COURT PONTE VEDRA BEACH, FL 32082 | | 7. Name and Address of New Registered Agent Name <u>Valerie A. Elwood</u> Street Address (P.O. Box Number is Not Acceptable) <u>11544 Emuness Rd</u> City <u>Jacksonville</u> FL Zip Code <u>32216</u> |

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 Valerie A. Elwood DATE 7/11/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|--|
| Filing Fee is \$50.00 Due by September 8, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ELWOOD, WILLIAM R III 11544 EMUNESS ROAD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE 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 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: Valerie A. Elwood 7/11/06 904-626-1297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #