


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000015797 1. Entity Name CHUCK HILL RESIDENTIAL CONTRACTOR, LLC	
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Principal Place of Business 17523 NE 139TH COURT FT. MCCOY, FL 32134	Mailing Address P.O. BOX 602 FT. MCCOY, FL 32134
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DO NOT WRITE IN THIS SPACE



07012006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-5549101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HILL, CHARLES R 17523 NE 139TH COURT FT. MCCOY, FL 32134

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

**Filing Fee is \$50.00
Due by September 6, 2006**

000000569644
07/12/06-80008-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, CHARLES R B.O. BOX 602 FT. MCCOY, FL 32134
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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: Charles R Hill Charles R. Hill 7/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #