2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000016103

1. Entity Name RCH CONSTRUCTION L.L.C.



FILED Feb 25, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

10545 POE ST. LEESBURG, FL 34788 10545 POE ST. LEESBURG, FL 34788



02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 74-3118959 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, RANDALL C 10545 POE ST. LEESBURG, FL 34788

CITY - ST - ZIP

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

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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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstalling)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000840199 03/06/08-80038-015 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	HARRISON, AARON		
STREET ADDRESS	10545 POE ST.		
CITY-ST-ZIP	LEESBURG, FL 34788	•	
TITLE	MGRM		
NAME	HARRISON, RANDALL C.		
STREET ADDRESS	10545 POE STREET		
CITY-ST-ZIP	LEESBURG, FL 34788		
TITLE			
NAME			
CTDECT ADDDCCC			

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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: Kankel C. Harrisen

8016R

352-223-7648

BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #