



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90001 006 \*\*\*\*50.00

<b>DOCUMENT # L04000017813</b>					
<b>1. Entity Name</b> R.A.W. CONSTRUCTION, LLC					
<b>Principal Place of Business</b> 1813 WHITEHOUSE ROAD MONTICELLO, FL 32344 US			<b>Mailing Address</b> 1813 WHITEHOUSE ROAD MONTICELLO, FL 32344 US		
<b>2. Principal Place of Business</b> 710 Lewis Blvd. South Suite, Apt. #, etc.		<b>3. Mailing Address</b> 710 Lewis Blvd. South Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee, FL		<b>4. FEI Number</b> 05-0597917	
Zip 32305		Country Leon		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HARGROVE, BRANT L 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, DON R P.O. BOX 172 SCOTTS HILL, TN 38374	<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	MGRG SHAFFER, SERENA 1813 WHITEHOUSE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4545 Timberloch Dr Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAFFER, MITCHELL W 18405 S. ASH GARDNER, KS 66030	<input checked="" 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	MGR SHAFFER, MITCHELL W 1813 WHITEHOUSE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4545 Timberloch Dr Tallahassee, FL 32309
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
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
<b>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.</b>					
<b>SIGNATURE:</b> <u>Serena Shaffer</u> <u>Serena Shaffer</u>				<u>7-31-06</u> <u>850-878-1212</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	