

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018452

Entity Name: S2 CONSTRUCTION, LLC

FILED  
Jul 25, 2006  
Secretary of State

## Current Principal Place of Business:

4507 FURLING LANE  
SUITE 210  
DESTIN, FL 32541

## New Principal Place of Business:

10859 EMERALD COAST PARKWAY  
#424  
DESTIN, FL 32550

## Current Mailing Address:

10859 EMERALD COAST PARKWAY  
PMB 424  
DESTIN, FL 32550

## New Mailing Address:

10859 EMERALD COAST PARKWAY  
#424  
DESTIN, FL 32550

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

STEPHENS, JEFFREY M  
4507 FURLING LANE  
SUITE 210  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

SASSER, WALTER B IV  
10859 EMERALD COAST PARKWAY  
#424  
DESTIN, FL 32550 US

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.

SIGNATURE: BEAU SASSER

07/25/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SASSER, WALTER B IV  
Address: 1317 WESTHAMPTON ROAD  
City-St-Zip: FLORENCE, MA 01062

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALTER B SASSER IV

MGMR

07/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date