


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000021285</b>					
<b>1. Entity Name</b> MICHAEL R KORAN GENERAL CONTRACTOR L.L.C.					
<b>Principal Place of Business</b> 801 BEACH DR. DESTIN FL 32541			<b>Mailing Address</b> 801 BEACH DR. DESTIN FL 32541		
<b>2. Principal Place of Business</b> 801 BEACH DR. DESTIN			<b>3. Mailing Address</b> 801 BEACH DR. DESTIN		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DESTIN			City & State DESTIN		
Zip 32541		Country US		Zip 32541	
Country US		<b>4. FEI Number</b> 59-2291977			
<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>  KORAN, MICHAEL R 801 BEACH DR. DESTIN FL 32541			<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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORAN, MICHAEL R 801 BEACH DR. DESTIN FL 32541	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORAN, MICHAEL R 801 BEACH DR. DESTIN FL 32541	<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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> <i>Michael R Koran</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: Jan 18 06					
Daytime Phone #: 831-2837					