

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022481

1. Entity Name
PAUL LAMBETH CONSTRUCTIN, LLC



Principal Place of Business
**18243 BELLMORE AVE.
ORLANDO, FL 32820**

Mailing Address
**18243 BELLMORE AVE.
ORLANDO, FL 32820**



02052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0814775

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAMBETH, PAUL
18243 BELLMORE AVE.
ORLANDO, FL 32820**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAMBETH, PAUL
STREET ADDRESS	18243 BELLMORE AVE.
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000512819
05/01/06-80060-011 \$5.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/06 407-383-841

Date

Daytime Phone #