

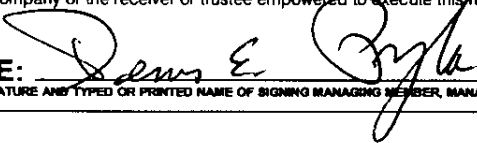


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90045 049 \*\*\*\*55.00

<b>DOCUMENT # L04000023190</b> 1. Entity Name <b>PRYBA CONSTRUCTION LLC</b>																													
Principal Place of Business 1491 SAN ROY DRIVE DUNEDIN, FL 34698			Mailing Address 1491 SAN ROY DRIVE DUNEDIN, FL 34698																										
2. Principal Place of Business <b>9811 CASEY DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>9811 CASEY DR</b> Suite, Apt. #, etc.																											
City & State <b>NEW PORT RICHEY, FL</b>		City & State <b>NEW PORT RICHEY, FL</b>		4. FEI Number <b>45-0538306</b>																									
Zip <b>34654</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>PRYBA, DENNIS E</b> <b>1491 SAN ROY DRIVE</b> <b>DUNEDIN, FL 34698</b>				7. Name and Address of New Registered Agent Name <b>PRYBA, DENNIS E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9811 CASEY DR</b> City <b>NEW PORT RICHEY</b> <b>FL</b> Zip Code <b>34654</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.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRYBA, DENNIS E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1491 SAN ROY DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DUNEDIN, FL 34698</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	PRYBA, DENNIS E		STREET ADDRESS	1491 SAN ROY DR		CITY-ST-ZIP	DUNEDIN, FL 34698		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PRYBA, DENNIS E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9811 CASEY DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34654</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PRYBA, DENNIS E.		STREET ADDRESS	9811 CASEY DR		CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	P	<input type="checkbox"/> Delete																											
NAME	PRYBA, DENNIS E																												
STREET ADDRESS	1491 SAN ROY DR																												
CITY-ST-ZIP	DUNEDIN, FL 34698																												
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	PRYBA, DENNIS E.																												
STREET ADDRESS	9811 CASEY DR																												
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
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>SIGNATURE:</b> 				<b>4/26/06</b> <b>727 463 4008</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____																													