

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024799

FILED
May 01, 2006
Secretary of State

Entity Name: STARCRAFT CONSTRUCTION, LLC

Current Principal Place of Business:

9838 OLD BAYMEADOWS ROAD
PMB 314
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

9838 OLD BAYMEADOWS ROAD
PMB 314
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-0967487 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DRIVER, JR., G. RAY
Address: 9838 OLD BAYMEADOWS ROAD, PMB 314
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR () Delete
Name: DRIVER, MICHAEL L
Address: 9838 OLD BAYMEADOWS ROAD, PMB 314
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

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

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: G. RAY DRIVER, JR.

MGR

05/01/2006

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