

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024877

FILED
Jul 14, 2006
Secretary of State

Entity Name: WINCHESTER BROTHERS CONSTRUCTION & DEVELOPMENT LLC

Current Principal Place of Business:

1204 FIRETHORN LANE
TALLAHASSEE, FL 32303

New Principal Place of Business:

310 BLOUNT STREET
218
TALLAHASSEE, FL 32301

Current Mailing Address:

1204 FIRETHORN LANE
TALLAHASSEE, FL 32303

New Mailing Address:

310 BLOUNT STREET
218
TALLAHASSEE, FL 32301

FEI Number: 20-0050468 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:

WINCHESTER, DANIEL R
1204 FIRETHORN LANE
TALLAHASSEE, FL 32303 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: WINCHESTER, DANIEL R
Address: 1204 FIRETHORN LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Delete
Name: BRYANT, THOMAS A
Address: 2651 SHILOH WAY
City-St-Zip: TALLAHASSEE, FL 32308

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: DANIEL WINCHESTER

MGR

07/14/2006

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