


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000031371
 1. Entity Name
GERALD OGDEN RESIDENTIAL CONTRACTOR, LLC



Principal Place of Business
 115 CLEARWATER PLACE
 POLK CITY, FL 33868 US

Mailing Address
 115 CLEARWATER PLACE
 POLK CITY, FL 33868 US

DO NOT WRITE IN THIS SPACE



02112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1225081	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

OGDEN, GERALD
 115 CLEARWATER PLACE
 POLK CITY, FL 33868

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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 reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OGDEN, GERALD 115 CLEARWATER PLACE POLK CITY, FL 33868
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 02/21/08-80049-016 138.75

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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: *Gerald Ogden* 2-11-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #