2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000037459

1. Entity Name

Principal Place of Business

41940 OUTLAW LANE

WEIRSDALE, FL 32195

DOBRUCK CONSTRUCTION LLC



Mailing Address

PO BOX 1151

LADY LAKE, FL 32158



FILED Apr 07, 2008 08:00 A Secretary of State



03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
76-0757635
Applied For
Not Applicable

5. Certificate of Status Desired
Fee Required
Applied For
Not Applicable

Control of the second

6. Name and Address of Current Registered Agent

DOBRUCK, WALTER VITTY JR. 41940 OUTLAW LANE WEIRSDALE, FL 32195

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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)

<u>U00000884100</u> 04/17/08-80**6**%0-010 143.75

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

| 9. | MANAGING MEMBERS/MANAGERS |
|----------------|---------------------------------------|
| TITLE | MGR |
| NAME | DOBRUCK, WALTER J II |
| STREET ADDRESS | PO BOX 1151 |
| CITY-ST-ZIP | LADY LAKE, FL 32158 |
| TITLE | MGRM |
| NAME | DOBRUCK, FAITH E |
| STREET ADDRESS | PO BOX 1151 |
| CITY-ST-ZIP | LADY LAKE, FL 32158 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| | |

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11. Thereby 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

4/1/08

252-759-4534

352-342-0432