


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000041953

1. Entity Name
WAYNE R. ARNOLD CONSTRUCTION: LLC



Principal Place of Business P.O. BOX 6638 FORT MYERS, FL 33911	Mailing Address P.O. BOX 6638 FORT MYERS, FL 33911
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DO NOT WRITE IN THIS SPACE



01082007No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0875265	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

**ARNOLD, WAYNE R
 2317 WELLINGTON AVENUE
 ALVA, FL 33920**

DO NOT WRITE IN THIS SPACE

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 reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

1100000585381
 01/16/07-80007-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARNOLD, WAYNE 2317 WELLINGTON AVE ALVA, FL 33920
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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:  **WAYNE R. ARNOLD** **01-09-07 409-509-6638**

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