2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # L04000042697 1. Entity Name SCOTT LEWIS CONSTRUCTION, LLC							04-27-2006 9	90032 04	12 ****50).00
Principal Plac	e of Busines	s	Mailing Address		·	7				
16609 67TH CT N			16609 67TH CT N							
LOXAHATCHEE, FL 33470			LOXAHATCHEE, FL 33470							
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State			4. FEI Number 20-1212				pplied For
Zip Country		Country	Zip Countr		try	1	of Status Desired		\$5.00 Add	litional
	6. Name	and Address of Current F	Registered Agent			7. Name and	Address of New R			-
. =		,			Name					
LEWIS, SCOTT					Street Address (P.O. Box Number is Not Acceptable)					
16609 67TH CT N LOXAHATCHEE, FL 33470					Street Address (1.0. Box Nothber 15 Not Acceptable)					
	ŕ									
					City			FL	Zip Code	В
8. The above the obligati	named entit	y submits this statement for tered agent.	the purpose of changing its r	register	led office or registe	ered agent, or both	n, in the State of Flo		amiliar with,	and accept
SIGNATURE .	Signature, typed	for printed name of registered agent a	ad title if applicable (NOTE	Registera	d Agent signature require	url when reinstation)		DATE	****	 -
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	iling Fee i ue by May							e check pa Departme	ayable to ent of State	3
	ue by May		S/MANAGERS	10.				Departme	-	•
9. TITLE	MGR	y 1, 2006 MANAGING MEMBER	S/MANAGERS Delete	TITLE			Florida	Departme	-	Addition
9. TITLE NAME	MGR LEWIS, S	MANAGING MEMBER		TITLE	E		Florida	Departme	ent of State	
9. TITLE	MGR LEWIS, S 16609 67	MANAGING MEMBER COTT TH CT N		TETLE NAM STRE	E ET ADDRESS		Florida	Departme	ent of State	· · · · · · · · · · · · · · · · · · ·
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, S 16609 67 LOXAHAT	MANAGING MEMBER	☐ Delete	TITLE NAM STRE CITY	E ET ADDRESS - ST-ZIP		Florida	Departme	Change	Addition
9. TITLE NAME STREET ADDRESS	MGR LEWIS, S 16609 67 LOXAHAT	MANAGING MEMBER COTT TH CT N TCHEE, FL 33470	☐ Delete	TETLE NAM STRE	E ET ADDRESS -ST-ZIP		Florida	Departme	ent of State	· · · · · · · · · · · · · · · · · · ·
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	MGR LEWIS, S 16609 67' LOXAHAT	MANAGING MEMBER COTT TH CT N TCHEE, FL 33470 CH STARK SUD RISE ROAD	☐ Delete	TITLE NAM STRE CITY TITLE NAM	E ET ADDRESS -ST-ZIP		Florida	Departme	Change	Addition
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	MGR LEWIS, S 16609 67' LOXAHAT	MANAGING MEMBER COTT TH CT N TCHEE, FL 33470	☐ Delete	TITLE NAM STRE CHY TITLE NAM STRE	E ET ADDRESS -ST-ZIP E		Florida	Departme	Change	Addition
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limited liability company or the receiver or Justee empowered to execute this report as required by Chapter 608, Florida Statutes.