

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044141

FILED
Apr 24, 2006
Secretary of State

Entity Name: OLD SCHOOL CONSTRUCTION LLC

Current Principal Place of Business:

3464 SE 91ST PL
OCALA, FL 34480

New Principal Place of Business:

13180 NE 40TH PLACE
SILVER SPRINGS, FL 34488

Current Mailing Address:

3464 SE 91ST PL
OCALA, FL 34480

New Mailing Address:

13180 NE 40TH PLACE
SILVER SPRINGS, FL 34488

FEI Number: 04-3794186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, WILLIAM TROY
3464 S.E. 91ST PL
OCALA, FL 34480 US

Name and Address of New Registered Agent:

WRIGHT, WILLIAM TROY
13180 NE 40TH PLACE
SILVER SPRINGS, FL 34488 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:

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WRIGHT, WILLIAM TROY
Address: 3464 SE 91ST PL
City-St-Zip: Ocala, FL 34480

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WRIGHT, WILLIAM TROY
Address: 13180 NE 40TH PLACE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: MGRM () Change (X) Addition
Name: WRIGHT, MICHELLE S
Address: 13180 NE 40TH PLACE
City-St-Zip: SILVER SPRINGS, FL 34488

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: MICHELLE S WRIGHT

MGRM

04/24/2006

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