



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045142 1. Entity Name WESTSIDE CONSTRUCTION, L.L.C.						FILED 06 AUG 28 PM 2:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4778 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32310				Mailing Address 4778 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32310			
2. Principal Place of Business <i>forming 4778 preston</i>		3. Mailing Address <i>4778 preston johnson</i>		08282006 Chg-LLC CR2E083 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <i>Tall FL</i>		City & State <i>Tall</i>					
Zip <i>32310</i>	Country <i>Leon</i>	Zip <i>32310</i>	Country <i>Leon</i>	4. <input type="checkbox"/> Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HENDERSON, WENDELL 4778 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32310			
7. Name and Address of New Registered Agent							
Name							
Street Address (P.O. Box Number is Not Acceptable)							
City				FL Zip Code			
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, WENDELL 4778 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32310			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900079338999 08/31/06--01047--014 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	