## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045142				FILED
1. Entity Name WESTSIDE CONSTRUCTION, L.L.C.				
				06 AUG 28 PM 2: 10
Principal Plac		Mailing Address		SECRETARY OF STATE FALLAHASSEE, FLORIDA
	ON JOHNSON ROAD E, FL 32310	4778 PRESTON JOHNS TALLAHASSEE, FL 323		ALLAHASSEE, FLORIDA
INCENTINGUE	E, 11 32310	THEENTHOOLE, TE SEC	''' Y 5YL	
2 Origaniant D	Nace of Business	2 Mailine Address	1/1	
- Can	Mace of Business	3. Mailing Address イグフタンに	show million	
Suite, Apt.		Suite, Apt. #, etc.	Sall Zallibo .	08282006 Chg-LLC CR2E083 (11/05)
City & State	<u>ا</u> ر	City & State		4. Fightumber Applied For Not Applied For
7 <sup>zig</sup> 7	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional
323	6. Name and Address of Current F	32310	<u> </u>	7. Name and Address of New Registered Agent
	V. Italie and Addiess of Cuffell P	Andread Walle	Name	
HENDERSON, WENDELL			Charle Address	e (P.O. Boy Number in Not Accountable)
4778 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32310			Street Address	s (P.O. Box Number is Not Acceptable)
,,,cenin	00111			
			City	FL Zip Code
8 The above	named entity submits this statement for	the nuronee of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and acce
	tions of registered agent.	the purpose of changing its	Tegistered office of regist	tereo agent, or both, artife State or Florida. Tanti aniliai with, and acce
SIGNATURE .	Leufe			
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT)	E: Registered Agent signature requi	ired when reinstating) DATE
Fil Due t	ling Fee is \$50.00 by September 6, 2006			Make check payable to Florida Department of State
9,	MANAGING MEMBEI	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addit
NAME	HENDERSON, WENDELL		NAME	900079338999
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			■ OILL-OIL-CIE	
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify to	r the exemptions contains	ed in Chapter 119. Florida Statutes, Lifurther certify that the information
11. I hereby indicated	on this report is true and accurate and	that my signature shall have	the same legal effect as i	ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the parter 608. Florida Statutes
11. I hereby indicated	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have	the same legal effect as i	if made under path; that I am a managing member or manager of the
CHY-SI-ZIP  11. I hereby indicated limited lia	d on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have	the same legal effect as i	if made under path; that I am a managing member or manager of the
11. I hereby indicated	d on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have empowered to execute this	the same legal effect as i report as required by Cha	if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.