

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90132 020 \*\*\*\*50.00

20001581



01192006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000046757</b> 1. Entity Name <b>SHAW CONSTRUCTION, LLC</b>					
Principal Place of Business <b>317 CEDAR AVENUE NEW SMYRNA BEACH, FL 32169</b>			Mailing Address <b>P.O. BOX 1231 NEW SMYRNA BEACH, FL 32170</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>317 Cedar Avenue</b> Suite, Apt. #, etc.			
City & State		City & State <b>New Smyrna Beach, FL</b>		4. FEI Number <b>04-3794400</b>	
Zip <b>32169</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SHAW, PETER M 317 CEDAR AVENUE NEW SMYRNA BEACH, FL 32169</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHAW, PETER M 317 CEDAR AVENUE NEW SMYRNA BEACH, FL 32169</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Peter M Shaw</i>			<b>1/20/06 386-690-1231</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					