


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000048792
 1. Entity Name
ROBERT COLEMAN, JR. CONTRACTING, LLC



Principal Place of Business 949 E. 5TH AVE MT. DORA, FL 32757	Mailing Address 949 E. 5TH AVE MT. DORA, FL 32757
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DO NOT WRITE IN THIS SPACE



07062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1342297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 COLEMAN, ROBERT P JR.
 451 E. 11TH AVE
 MT. DORA, FL 32757

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by September 6, 2006**

000000574467
 08/16/06-80002-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES COLEMAN, ROBERT P JR. 451 E. 11TH AVE. MT. DORA, FL 32757
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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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #