


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000048792</b> 1. Entity Name ROBERT COLEMAN, JR. CONTRACTING, LLC	
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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**



05032007 No Chg-LLC CR2E083 (11/05)

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

**6. Name and Address of Current Registered Agent**

COLEMAN, ROBERT P JR.  
451 E. 11TH AVE  
MT. DORA, FL 32757

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**


**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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05/29/07-80017-019 50.00

**DO NOT WRITE  
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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:  DATE: 5-3-07 DAYTIME PHONE #: 352-583-7270

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