

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90462 027 \*\*\*\*50.00

<b>DOCUMENT # L04000050059</b> 1. Entity Name <b>RICHARD D'AMOURS, RESIDENTIAL CONSTRUCTION, LTD. CO.</b>					
Principal Place of Business <b>2226 BEACON PT BLVD. PALM HARBOR, FL 34683</b>			Mailing Address <b>2226 BEACON PT BLVD. PALM HARBOR, FL 34683</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>59-3320196</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03152007    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>D'AMOURS, RICHARD JR 2226 BEACON PT BLVD. PALM HARBOR, FL 34683</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, 2007</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 D'AMOURS, CYNTHIA J 2226 BEACON PT BLVD. PALM HARBOR, FL 34683</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> _____			Date: <b>4/12/07</b> Daytime Phone #: <b>727-787-6322</b>		