2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L04000059053

Entity Name: JUDD LASSITER CONSTRUCTION LLC

Current Principal Place of Business:

749 SPRINGCREEK HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

100 LITTLE TRAIL LANE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

749 SPRINGCREEK HWY
CRAWFORDVILLE, FL 32327

New Mailing Address:

100 LITTLE TRAIL LANE
CRAWFORDVILLE, FL 32327

FEI Number: 26-7451576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LASSITER, WALTER J.P.
749 SPRINGCREEK HWY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

LASSITER, WALTER J.P.
100 LITTLE TRAIL LANE
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LASSITER, WALTER J.P.
Address: 749 SPRINGCREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LASSITER, WALTER J.P.
Address: 100 LITTLE TRAIL LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALTER JP LASSITER MGRM 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date