### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L04000063775

1. Entity Name
VFW CONSTRUCTION, L.L.C.

Principal Place of Business

Mailing Address

1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407 1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407

### FILED Apr 07, 2008 08:00 Al Secretary of State



04012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 05-0611337 Applied For Not Applicable

5. Certificate of Status Desired

55.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

WOOD, FRANK JR. 1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407

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<ol><li>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. the obligations of registered agent.</li></ol>	I am Iamiliar with, and accept
CONTROL	

(NOTE: Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

<del>--- U00000885521</del> 04/18/08-80028-020 143.75

9.	MANAGING MEMBERS/MANAGERS	
THLE	MGR	
NAME	WOOD, FRANK JR.	
STREET ADDRESS	1815 TURNER WOOD LANE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE	MGR	
NAME	WOOD, VALORIE	
STREET ADDRESS	1315 TURNER WOOD LANE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE		
NAME		
STREET ADDRESS		
CITY-\$1-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1 AF198-3	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the e		

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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 ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-2-08

Date

Daytime Phone #