

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90043 037 \*\*\*\*50.00

20029915



<b>DOCUMENT # L04000064244</b> 1. Entity Name <b>JAMES MCDONALD CONSTRUCTION L.L.C.</b>					
Principal Place of Business <b>1998 SOUTH OLD MILL DR. DELTONA, FL 32725 US</b>			Mailing Address <b>1998 SOUTH OLD MILL DR. DELTONA, FL 32725 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>42-1642703</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCDONALD, JAMES S 1998 SOUTH OLD MILL DR. DELTONA, FL 32725</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reconstituting) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCDONALD, JAMES S		NAME	<b>JOSEPH J. FARRELL</b>	
STREET ADDRESS	1998 SOUTH OLD MILL DR.		STREET ADDRESS	<b>1998 S. OLD MILL DR.</b>	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	<b>DELTONA, FL 32725</b>	
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>STONE, ELLIS L</del> <b>DELETE</b>		NAME		
STREET ADDRESS	<del>1998 SOUTH OLD MLL DR.</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>DELTONA, FL 32725</del>		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAIR, JONATHAN T		NAME		
STREET ADDRESS	1998 SOUTH OLD MILL DR.		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>James S. McDonald</i></u>			4-11-06 386 956-2499		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		