## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000064517

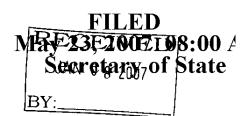
1. Entity Name
ON-SITE CONSTRUCTION LLC



Principal Place of Business

Mailing Address

5808 HWY 189 BAKER, FL 32531 PO BOX 457 BAKER, FL 32531





01052007 No Chg-LLC

CR2E083 (11/05)

| 4. | FE! Number                    | <br>             | Applied For             |
|----|-------------------------------|------------------|-------------------------|
|    | 20-1581143                    |                  | Not Applicable          |
| 5. | Certificate of Status Desired | \$5.00<br>Fee Re | O Additional<br>equired |

6. Name and Address of Current Registered Agent

HOLLEY, DEBRA A 7040 HIGHWAY 4 WEST BAKER, FL 32531

NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

| BAKEK, F                              | L 32531 .  | IN '   | IN THIS SPACE  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|
| 8. The above the obligat              | named entity submits this statement for the purpose of chairons of registered agent. | Inging its registered office or registered agent, or bo      | oth, in the State of Florida. I am familiar with, and accept |  |  |  |
| SIGNATURE                             | Signature, typed or printed name of registered agent and title if applicable         | (NOTE: Registered Agent aignature required when reinstating) | DATE   |  |  |  |
| Fi                                    | iling Fee is \$50.00<br>ue by May 1, 2007  | ,  |  |  |  |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS  | <del>- · · · · · · · · · · · · · · · · · · ·</del>           |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>HOLLEY, REX A<br>7040 HIGHWAY 4 WEST<br>BAKER, FL 32531                      |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>HOLLEY, DEBRA A<br>7040 HIGHWAY 4 WEST<br>BAKER, FL 32531                    |  | U00000765267<br>05/31/07-80032-009 50.00                     |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | DO   | NOT WRITE  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | IN '   | THIS SPACE   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |  |  |  |  |
| TITLE                                 |  |  |  |  |  |  |

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: X    | $\Gamma$ | rob       | 10       | U.           | 240      | V)      |            |                |
|-----------------|----------|-----------|----------|--------------|----------|---------|------------|----------------|
| SIGNATURE AND T | YPED     | OR PRINTE | D NAME C | F SIGNING MA | NAGING M | EMBER O | AUTHORIZED | REPRESENTATIVE |

Date

Daytime Phone #