


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**MAY 23 2007 10:08:00 A**  
**Secretary of State**  
BY: \_\_\_\_\_

<b>DOCUMENT # L04000064517</b> 1. Entity Name <b>ON-SITE CONSTRUCTION LLC</b>	
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Principal Place of Business <b>5808 HWY 189 BAKER, FL 32531</b>	Mailing Address <b>PO BOX 457 BAKER, FL 32531</b>
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**DO NOT WRITE IN THIS SPACE**



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-1581143</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOLLEY, REX A 7040 HIGHWAY 4 WEST BAKER, FL 32531</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOLLEY, DEBRA A 7040 HIGHWAY 4 WEST BAKER, FL 32531</b>
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U00000765267  
05/31/07-80032-009 50.00

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 Debra A Holley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #