


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State


01-17-2006 90058 023 ****55.00

DOCUMENT # L04000076788	
1. Entity Name B.A. STEPHENS CONSTRUCTION, LLC	

Principal Place of Business 4808 INDIAN OAK DRIVE MULBERRY, FL 33860	Mailing Address 819 CHIPAWAY DRIVE APOLLO BEACH, FL 33572
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2. Principal Place of Business 819 Chipaway Dr.	3. Mailing Address
Suite, Apt. #, etc. Apollo Beach	Suite, Apt. #, etc.
City & State Apollo Beach, FL	City & State
Zip 33572	Country

2006-10



01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1774202	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
EVANS, STEPHEN I 104 NORTH THOMAS STREET PLANT CITY, FL 33563	

7. Name and Address of New Registered Agent	
Name Same Mark Lautenschlager	
Street Address (P.O. Box Number is Not Acceptable) 819 Chipaway Dr.	
City Apollo Beach	FL Zip Code 33572

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 **Mark Lautenschlager** DATE **1/12/06**

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAUTENSCHLAGER, MARK 819 CHIPAWAY DRIVE APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEPHENS, BRYAN A 4808 INDIAN OAK DRIVE MULBERRY, FL 33860 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Mark Lautenschlager** Mgr/Member 1/12/06 813-649-0047

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