2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2006
Secretary of State

DOCUMENT# L04000081223

Entity Name: SAWTOOTH CONSTRUCTION, LLC

Current Principal Place of Business:

5005 MOULTRIE RESERVE COURT
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

365 VALVERDE LANE
ST. AUGUSTINE, FL 32086

Current Mailing Address:

P.O. BOX 861098
ST. AUGUSTINE, FL 32086

New Mailing Address:

365 VALVERDE LANE
ST. AUGUSTINE, FL 32086

FEI Number: 20-1893961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, CHARLES E
77 ALMERIA STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOOLAHAN, STEPHEN W
Address: P.O. BOX 861098
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM ( ) Delete
Name: HOOLAHAN, AMY Y
Address: P.O. BOX 861098
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOOLAHAN, STEPHEN W
Address: 365 VALVERDE LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM (X) Change ( ) Addition
Name: HOOLAHAN, AMY Y
Address: 365 VALVERDE LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMY Y. HOOLAHAN MGRM 03/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date