

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091063

Entity Name: BRANDON CONSTRUCTION, LLC

FILED
Apr 14, 2006
Secretary of State

Current Principal Place of Business:

8 SIDNEY ST.
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

8 SIDNEY ST.
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

8 SIDNEY ST.
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

8 SIDNEY ST.
ST. AUGUSTINE, FL 32084 US

FEI Number: 55-0887745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EKLUND, BRANDON S
8 SIDNEY ST.
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

EKLUND, BRANDON S
8 SIDNEY ST.
ST. AUGUSTINE, FL 32084 US

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: BRANDON EKLUND

04/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EKLUND, BRANDON S
Address: 8 SIDNEY ST.
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EKLUND, BRANDON S OWNER
Address: 8 SIDNEY ST.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM () Change (X) Addition
Name: EKLUND, JOHANNA V. PRES
Address: 8 SIDNEY ST
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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: BRANDON EKLUND

MGR

04/14/2006

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