

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90052 026 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                 |                                                               |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000010332</b><br>1. Entity Name<br><b>JOHN LIDDLE CONTRACTING, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                 |                                                               |                |  |
| Principal Place of Business<br><b>3371 FISH HATCHERY RD<br/>#12<br/>LAKELAND FL 33801</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                 | Mailing Address<br><b>PO BOX 2182<br/>EATON PARK FL 33840</b> |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | 3. Mailing Address              |                                                               |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | Suite, Apt. #, etc.             |                                                               |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | City & State                    |                                                               | 4. FEI Number<br><b>20-2254522</b>                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | Country                         |                                                               | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                 |                                                               | 7. Name and Address of New Registered Agent                                                     |  |
| <b>LIDDLE, JOHN E<br/>3371 FISH HATCHERY RD<br/>#12<br/>LAKELAND FL 33801</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                 |                                                               | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code           |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                 |                                                               |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State.</b><br><b>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                 |                                                               |                                                                                                 |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                 | 10. ADDITIONS/CHANGES                                         |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>LIDDLE, JOHN E<br/>3371 FISH HATCHERY RD. #12<br/>LAKELAND FL 33801</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>John E Liddle</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                 | Date: <u>03/16/2006</u>                                       |                                                                                                 |  |