

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 15, 2006 8:00 am
Secretary of State

07-25-2006 90085 012 ****15.00
08-15-2006 90078 049 ****35.00

DOCUMENT # L05000010399 1. Entity Name METCALFE CONSTRUCTION MANAGEMENT LLC					
Principal Place of Business 8051 ROCKY WOODS ROAD TALLAHASSEE FL 32305			Mailing Address 8051 ROCKY WOODS ROAD TALLAHASSEE FL 32305		
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 353-40-8995	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
METCALFE, JAMES 8051 ROCKY WOODS ROAD TALLAHASSEE FL 32305				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM METCALFE, JAMES 8051 ROCKY WOODS ROAD TALLAHASSEE FL 32305	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>James Metcalfe</u> - JAMES METCALFE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date JULY 19-06 Daytime Phone # 850-576-1556	