2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000012716

ONE CONTRACTOR LLC

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S. Name and Address of Current Registered Agent S. Name and Address of Satus Desired S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Name SCOTT, MARVIN D 7520 CAROLYN AVE. ORLANDO FL 32807 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SIGNATURE	City & State		City & State			
SCOTT, MARVIN D 7520 CAROLYN AVE. ORLANDO FL 32807 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	Zip	Country	Zip	Country	5 Certificate of Status Desired 55.00 Additional	
7520 CAROLYN AVE. ORLANDO FL 32807 City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent. SIGNATURE Comparison of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigation of the dependent of the property of the orbigation of the property of the property of the orbigation of the property of the orbigation of the property of the orbigation of the property	· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Spenular igenate consistence agent and line inspicable. INDE Pagement Agent spenular requirement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. INDE Pagement Agent spenular requirement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent. INDE Pagement Agent spenular requirement for the purpose of changing its registered agent. Or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent. INDE Pagement Agent spenular requirement for the purpose of changing its registered agent. Or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent. Or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent. Or both. In the State of Florida agent. INDE Pagement Agent spenular requirement for the purpose of changing its registered agent. Or both. In the State of Florida agent. INDE Pagement Agent spenular requirement for the purpose of Change Addition INDE Pagement Agent spenular requirement for the purpose of Change Addition INDE Pagement Agent spenular requirement requirement requirement requirement of State INDE Pagement Agent spenular requirement requirement requirement requirement requirement of State INDE Pagement Agent spenular requirement requirement requirement requirement requirement of State INDE Pagement Agent spenular requirement of State INDE Pagement Agent spenular requirement requirement requirement of State INDE Pagement Agent spenular requirement of State INDE Pagement Agent spenular requirement requirement of State INDE Pagement Agent spenular require	752	O CAROLYN AVE.		Street Addr	ess (P.O. Box Number is Not Acceptable)	
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Make Check Payable to Florida Department of State Due by May 1, 2006		Signature, typed or printed name of registore	d agent and title it applicable. (NO	OTE Registered Agent signature re	equared when reinstating) DATE	
S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES						
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

5-4-06 VE Date

FILED