## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000015178

## FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90033 031 \*\*\*\*50.00

1. Entity Nam R & W CC	ONSTRU	CTION, LLC								
Principal Place of Business Mailing Address							~ 1 M O C U			
553 CHARLES AVE ORANGE CITY, FL 32763			553 CHARLES AVE ORANGE CITY, FL 32763							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #_ etc			03062007	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State			4. FEI Numb 20-236			<del></del>	plied For t Applicable	
Zip	Zip Country		Zip	Country			of Status Desired	ا ت	5.00 Add ee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
SHAW, WILLIAM			Ivaine							
553 CHARLES AVE. ORANGE CITY, FL 32763					Street Address (	(P.O. Box Numb	er is Not Acceptable	o)		-
					City			FL	Zip Code	9
	named entity tions of regist		the purpose of changing its	registere	ed office or register	red agent, or bo	oth, in the State of Flo		amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI	E Registered	d Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State				
Fi D:	iling Fee i ue by May	is \$50.00 y 1, 2007				,			-	В
Fi Di	ue by May	is \$50.00 y 1, 2007 MANAGING MEMBER	RS/MANAGERS	10.	.,	,		Departme	-	В
9.	MGRM	MANAGING MEMBER	RS/MANAGERS	TITLE			Florida	Departme	-	Addition
9.	MGRM SHAW, W	y 1, 2007  MANAGING MEMBER		TITLE	E		Florida	Departme	ent of State	
9. TITLE NAME	MGRM SHAW, W 553 CHAF	MANAGING MEMBER		TITLE NAME STREI			Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS	MGRM SHAW, W 553 CHAF	MANAGING MEMBER  MILLIAM  RLES AVE.		TITLE NAME STREI	ET ADDRESS -ST-ZIP		Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM SHAW, W 553 CHAF ORANGE MGRM STILLWEI	MANAGING MEMBER  MILLIAM  RLES AVE.  CITY, FL 32763  LL, RONALD	□ Delete	TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS -ST-ZIP		Florida	Departme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM SHAW, W 553 CHAF ORANGE MGRM STILLWEI 553 CHAF	MANAGING MEMBER  MILLIAM RLES AVE. CITY, FL 32763  LL, RONALD RLES AVE.	□ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS -ST-ZIP ET ADDRESS		Florida	Departme	Change	Addition
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I hereby certify that the information supplied with this filling 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: MANAGER AND TYPED OF PRINTED NAME OF SIGNING MANAGER MANAGER OF AUSTROPHEN THE PRESENTATIVE Date