


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90134 042 \*\*\*\*\*50.00

<b>DOCUMENT # L05000019963</b> 1. Entity Name <b>HENRY JASON HOAK CONSTRUCTION L.L.C.</b>					
Principal Place of Business <b>233 SPARKLEBERRY LANE FREEPORT FL 32439</b>			Mailing Address <b>233 SPARKLEBERRY LANE FREEPORT FL 32439</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 1356</b> Suite, Apt. #, etc.			
City & State		City & State <b>DESTIN, FL</b>			
Zip	Country	Zip <b>32540</b>	Country <b>USA.</b>		
6. Name and Address of Current Registered Agent  <b>HOAK, HENRY J 233 SPARKLEBERRY LANE FREEPORT FL 32439</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HOAK, HENRY J 233 SPARKLEBERRY LANE FREEPORT FL 32439</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E083 (10/05)

4. FEI Number ☐ Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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:** Henry Jason Hoak 2/4/06 (850) 225-6914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE