


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-27-2006 90419 035 ****50.00

DOCUMENT # L05000020036						
1. Entity Name B-HOLDER CONSTRUCTION LLC						
Principal Place of Business 1506 HEARTWELLVILLE ST NW PALM BAY, FL 32907-7061		Mailing Address 1506 HEARTWELLVILLE ST NW PALM BAY, FL 32907-7061				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 81-0667518 <table border="1" style="float: right; margin-left: 10px;"> <tr><td>Applied For</td></tr> <tr><td>Not Applicable</td></tr> </table>	Applied For	Not Applicable
Applied For						
Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent				
HOLDER, ROBERT D 1506 HEARTWELLVILLE ST NW PALM BAY, FL 32907-7061		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 _____ (NOTE: Registered Agent signatures required when re-registering) _____ DATE _____						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLDER, ROBERT D. 1506 HEARTWELLVILLE ST NW PALM BAY, FL 329077061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 606, Florida Statutes.						
SIGNATURE: <i>Robert D. Holder</i>		Robert D. Holder Date: <i>2/14/06</i> 321 Daytime Phone #: <i>722-1101</i>				



ATTACHMENT
30002382

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

B-HOLDER CONSTRUCTION LLC
1506 HEARTWELLVILLE ST NW
PALM BAY, FL 32907-7061

Subject: **B-HOLDER CONSTRUCTION LLC**

Reference Number: **L05000020036**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj
ANNUAL REPORTS SECTION