2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L05000025233



FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90027 045 ****55.00

| 1. Entity Name SUGAR BEAR'S CONSTRUCTION, LLC | | | | | | | 04-28-200 | | 0.000 | |
|---|--|--|--|--|---------------|--|-----------------------|---------------|--------------------------------------|-------------------------------------|
| Principal Place of Business | | | Mailing Address | | | | | | | |
| PO BOX 2875 | | PO BOX 2875 | | | | | | | | |
| LAKE CITY, FL 32056-2875 | | | LAKE CITY, FL 32056-2875 | | | | | | | |
| | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01232006 | Chg-LLC | CR2E | E083 (11/05) | | |
| City & State | | City & State | | | 4. FEI Numb | 25371 | 75 | | oplied For | |
| Zip | Zip Country | | Zip | Country | | | of Status Desired | X | \$5.00 Add | titional |
| 6. Name and Address of Current F | | | Registered Agent | | | 7. Name and | Address of New | Registered | | |
| HOUSTON | I DICHAD | ID M | | Name | | | | | | |
| HOUSTON, RICHARD M 216 SW BLACKBEAR GLEN LAKE CITY, FL 32024 | | | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| Dave on | 1,12 020 | | | | | | | | | |
| | | | ; | City | | FL Zip Code | | | | |
| 8. The above the obligat | named entity ions of regist | submits this statement for ered agent. | the purpose of changing its | registered office or | registere | ed agent, or bo | th, in the State of I | Florida. I an | n familiar with, | and accept |
| SIGNATURE | Signature, typed | or printed name of registered agent a | and title if applicable. (NOTI | E: Registered Agent signatu | re required v | when reinstating) | | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | Make check payable to Florida Department of State | | | | |
| Fi D | iling Fee i ue by May | s \$50.00 / 1, 2006 | | | | | | | | Đ |
| 9. | iling Fee i ue by May | s \$50.00 / 1, 2006 MANAGING MEMBE | RS/MANAGERS | 10. | | | Flori | | ment of State | 9 |
| 9. | MGR | MANAGING MEMBE | RS/MANAGERS | TITLE | - | | Flori | da Depart | ment of State | Addition |
| 9. | MGR HOUSTON | MANAGING MEMBE | | TITLE NAME | | | Flori | da Depart | ment of State | |
| 9. TITLE NAME | MGR HOUSTON | MANAGING MEMBE | | TITLE | <u>-</u> . | | Flori | da Depart | ment of State | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MGR HOUSTON PO BOX 2 LAKE CIT | MANAGING MEMBE N, RICHARD M 1875 Y, FL 320562875 | | TITLE NAME STREET ADDRESS | | | Flori | da Depart | ment of State | |
| 9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME | MGR HOUSTON PO BOX 2 LAKE CIT MGRM DRISCOL | MANAGING MEMBE N, RICHARD M 875 Y, FL 320562875 L, EDWARD P | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | Flori | da Depart | S Change | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MGR HOUSTON PO BOX 2 LAKE CIT MGRM DRISCOLI PO BOX 8 | MANAGING MEMBE N, RICHARD M 875 Y, FL 320562875 L, EDWARD P | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | • | | Flori | da Depart | S Change | Addition |
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I nereby certify mat the information supplied with this filling does not quality 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: Houston
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE