2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L05000026466 02-16-2006 90144 036 ****50.00 1. Entity Name BUZZSAW CONSTRUCTION, LLC Principal Place of Business Mailing Address 2673 SANDLEWOOD LANE 2673 SANDLEWOOD LANE BUNNELL FL 32110 BUNNELL FL 32110 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEi Number Applied For City & State Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GWIAZDOWSKI, WALTER Street Address (P.O. Box Number is Not Acceptable) 35 FLEETWOOD DRIVE PALM COAST FL 32137 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstitting) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Change ☐ Addition TITLE ☐ Delete TITLE MGRM NAME NAME GWIAZDOWSKI, WALTER STREET ADDRESS STREET ADDRESS 35 FLEETWOOD DRIVE CITY+ST-7IP CITY-ST-ZIP PALM COAST FL 32137 ☐ Addition TITLE MGR ☐ Delete TITLE ☐ Change NAME HORTON, VINCENT A NAME STREET ADDRESS STREET ADDRESS 2673 SANDLEWOOD LANE CITY-ST-ZIP BUNNELL FL 32110 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE m ω OLAK, ROBERT NAME NAME Roger Englert RD. STREET ADDRESS 73 FOR CARONNE LANE STREET ADDRESS CITY-ST-7IP CJTY-SI-ZIP RAMM COAST FL 32 DAYTONA BEACH FL. Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP □ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-2IP

FILED

Feb 16, 2006 8:00 am

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:

1-31-06
386-503-7004