

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 10:14

DOCUMENT # L05000026466					
1. Entity Name BUZZSAW CONSTRUCTION, LLC					
Principal Place of Business 2673 SANDLEWOOD LANE BUNNELL, FL 32110			Mailing Address 2673 SANDLEWOOD LANE BUNNELL, FL 32110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05132006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 20-2503745	
Zip		Country		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		
GWIAZDOWSKI, WALTER 35 FLEETWOOD DRIVE PALM COAST, FL 32137			Name <u>HORTON, VINCENT A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2673 SANDLEWOOD LANE</u> City <u>BUNNELL</u> FL Zip Code <u>32110</u>		
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 <u>Vincent A. Horton</u> <u>VINCENT A. HORTON</u> <u>5-15-06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GWIAZDOWSKI, WALTER 35 FLEETWOOD DRIVE PALM COAST, FL 32137 <input checked="" 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	MGR HORTON, VINCENT A 2673 SANDLEWOOD LANE BUNNELL, FL 32110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORTON, VINCENT A. 2673 SANDLEWOOD LANE BUNNELL, FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGLERT, ROGER 1120 BRADENTON RD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400075948034 05/07/06--01012--009 **50.00 <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 608, Florida Statutes.					
SIGNATURE: <u>Vincent A. Horton</u> <u>VINCENT A. HORTON</u> <u>5-15-06</u> <u>386-503-1004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					