


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000027234					
<b>1. Entity Name</b> JAMES KOENIG CONSTRUCTION LLC					
<b>Principal Place of Business</b> 1305 WATERLINE DR TALLAHASSEE, FL 32303			<b>Mailing Address</b> 1305 WATERLINE DR TALLAHASSEE, FL 32303		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4709-D Crawfordville Hwy Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL		<b>4. FEI Number</b> 57-1224031	
Zip 32305	Country Leon	City & State Tallahassee FL		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KOENIG, JAMES 1305 WATERLINE DR TALLAHASSEE, FL 32303			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOENIG, JAMES 1305 WATERLINE DR TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stephanie Koenig 4709-D Crawfordville Tallahassee, FL 32305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael Jason Randolph 4709-D Crawfordville Tallahassee, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael Jason Randolph 4709-D Crawfordville Tallahassee, FL 32305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 300078195309 06/14/06--01021--006 **50.00		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 300078195309 06/14/06--01021--006 **50.00	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>James Koenig</u>			5-31-06 850-445-8689		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		