

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028306

Entity Name: PETRA CONSTRUCTION, LC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

5210 WOODLAWN CIRCLE WEST
PALMETTO, FL 34221

New Principal Place of Business:

3225 CHAPMAN ROAD
PALMETTO, FL 34221

Current Mailing Address:

5210 WOODLAWN CIRCLE WEST
PALMETTO, FL 34221

New Mailing Address:

3225 CHAPMAN ROAD
PALMETTO, FL 34221

FEI Number: 20-2575832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEISLER, DAVID M
5210 WOODLAWN CIRCLE WEST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

GEISLER, DAVID M
3225 CHAPMAN ROAD
PALMETTO, FL 34221 US

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.

SIGNATURE: DAVID M GEISLER

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GEISLER, DAVID M
Address: 5210 WOODLAWN CIRCLE WEST
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: MCKEITHEN, KEN
Address: 5915 RIVER FOREST CIRCLE
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GEISLER, DAVID M
Address: 3225 CHAPMAN ROAD
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID M GEISLER

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date