2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000029153

1. Entity Name
HARTMAN CONSTRUCTION L.L.C.

FILED
2006 JAN 13 A 11:56
SECRETARY OF STATE

01102006 Chg-LLC CR2E063 (11/05)

Principal Place of Business	Mailing Address
15503 OLD US HWY 441 TAVARES, FL 32778	P.O. BOX 846 TAVARES, FL 32778

2. Principal Place of Business	3. Mailing Address
	15503 Old US HWY 441
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAVARES, FL
Zip / Country	Zip: 32778 Country: USA

4. FEI Number: 02-0752485 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTMAN, KIM B 15503 US OLD HWY 441 TAVARES, FL 32778	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________ DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR HARTMAN, KIM B 15503 OLD US HWY 441 TAVARES, FL 32778 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 07/15/05--01028--008 **55.00
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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: Kim Hartman 1/10/06 (352) 455-9804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #