

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034876

FILED
Jul 19, 2006
Secretary of State

Entity Name: T-AND-T CONSTRUCTION, LLC

Current Principal Place of Business:

830 LUCERNE AV
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

830 LUCERNE AV
PENSACOLA, FL 32505

New Mailing Address:

PO BOX 307
RISING SUN, MD 21911 US

FEI Number: 20-2653659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRISON, JAMES C
3895 WINONA DR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, CHARLES T II
Address: BOX 307
City-St-Zip: RISING SUN, MD 21911

Title: MGRM () Delete
Name: JOHSON, CHARLES T
Address: BOX 307
City-St-Zip: RISING SUN, FL 21911

Title: MGRM () Delete
Name: ARCHACKI, MARCIN
Address: 830 LUCERNE AV
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES:

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

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

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: MARCIN ARCHACKI

MGRM

07/19/2006

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