

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

2006 APR 18 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000051415 1. Entity Name VG & WG CONSTRUCTION LLC	
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Principal Place of Business 4821 BRITTANY BLVD. TALLAHASSEE FL 32310	Mailing Address 4821 BRITTANY BLVD. TALLAHASSEE FL 32310
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number 59-3808516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, VICTOR 4821 BRITTANY BLVD. TALLAHASSEE FL 32310	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	GONZALEZ, VICTOR
STREET ADDRESS	4821 BRITTANY BLVD.
CITY - ST - ZIP	TALLAHASSEE FL 32310
TITLE	MGRM <input type="checkbox"/> Delete
NAME	GONZALEZ, WANDA
STREET ADDRESS	4821 BRITTANY BLVD.
CITY - ST - ZIP	TALLAHASSEE FL 32310
TITLE	MGRM <input checked="" type="checkbox"/> Delete
NAME	FARRER ZUNIGA, JUAN JOSE
STREET ADDRESS	4821 BRITTANY BLVD.
CITY - ST - ZIP	TALLAHASSEE FL 32303
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/27/06--01003--021 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Victor Gonzalez* _____ DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE