2006 LIMITED LIABILITY COMPANY

Mar 10, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000062429** 03-10-2006 90129 033 ****50.00 RB HANSON CONSTRUCTION CONSULTING LLC Principal Place of Business Mailing Address 27625 WATERFORD WAY 27625 WATERFORD WAY **WESLEY CHAPEL, FL. 33544** WESLEY CHAPEL FL 33544 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-3139405 Not Applicable Ζip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANSON, ROD Street Address (P.O. Box Number is Not Acceptable) 27625 WATERFORD WAY WESLEY CHAPEL, FL 33544 City 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 Signature; typed or primed name of requitered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9, MANAGING MEMBERS/MANAGERS 10. MGRM TITLE TITLE Change Addition NAME HANSON, ROD NAME STREET ADDRESS 27625 WATERFORD WAY STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP TITLE ☐ Delete ΠΠF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7P Addition TTLE □ Detete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Delete MLE Change ■ Addition TITLE NAME MALK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Horida 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.

MANAGERO ME

ANAGER, OR AUTHORIZED REPRESENTATIVE

LITURE AND TYPED OR PRINTED HAME OF SIGNERG MANAGE

FILED

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Date /

406-202-2641

Daytime Phone #