


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90007 008 ****50.00

DOCUMENT # L05000062424	
1. Entity Name R.E.W. CONSTRUCTION, L.C.	

Principal Place of Business 104 8TH STREET ELOISE WINTER HAVEN FL 33880	Mailing Address 104 8TH STREET ELOISE WINTER HAVEN FL 33880
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2. Principal Place of Business 120 9th St Eloise Suite, Apt. #, etc.	3. Mailing Address 120 9th St Eloise Suite, Apt. #, etc.
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2nd MOORE CR2E083 (4/06)

City & State Winter Haven FL	City & State Winter Haven FL
Zip 33880	Zip 33880

4. FEI Number 20-31134105	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 WHITE, ROBERT E 104 8TH STREET ELOISE WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent Name: White, Robert E Street Address (P.O. Box Number is Not Acceptable): 120 9th St Eloise City: Winter Haven FL Zip Code: 33880

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: Robert Edward White Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	9-2-06 DATE
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHITE, ROBERT EDWARD 104 8TH STREET ELOISE WINTER HAVEN FL 33880 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACK, KEITH 1640 FISH HATCHERY RD., #1 LAKELAND FL 33801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YOUNG, WILLIAM 1640 FISH HATCHERY RD., #1 LAKELAND FL 33801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR White, Robert Edward 120 9th St Eloise Winter Haven FL 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TERRY Thupert 2904 Old Eagle Lake Rd Eagle Lake FL 33839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Andres Aguilar 102 9th St Eloise Winter Haven FL 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Edward White SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	9-2-06 Date	Daytime Phone #
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