

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90040 002 ****55.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**



DOCUMENT # L05000067050

1. Entity Name
TACUMSA CONTRACTING LLC

Principal Place of Business
**4641 S. SLASH PINE AVE.
 HOMOSASSA, FL 34446**

Mailing Address
**P.O. BOX 2884
 HOMOSASSA SPRINGS, FL 34447**



2. Principal Place of Business
5185 W Dunnellon Road

3. Mailing Address
5185 W Dunnellon Road

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.
Suite B

City & State
Dunnellon, FL

City & State
Dunnellon, FL

03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0559805

Applied For
 Not Applicable

Zip
34433

Country
USA

Zip
34433

Country
USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOYINGTON, SHARON F
 4641 S. SLASH PINE AVE.
 HOMOSASSA, FL 34446**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** Delete
 NAME **BOYINGTON, SHARON**
 STREET ADDRESS **4641 S. SLASH PINE AVE.**
 CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE **MGRM** Delete
 NAME **WARD, VINCENT**
 STREET ADDRESS **4641 S. SLASH PINE AVE.**
 CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

[Handwritten Signature]

4-11-06

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