2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# L05000072472

Entity Name: HOWELL CONSTRUCTION LLC

Current Principal Place of Business:

1786 HWY 173
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

1786 HWY 173
GRACEVIILE, FL 32440

New Mailing Address:

FEI Number: 20-3189167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWELL, SCOTT
1786 HWY 173
GRACEVILLE, FL 32440 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: HOWELL, SCOTT
Address: 1786 HWY 173
City-St-Zip: GRACEVILLE, FL 32440

Title: MGRM ( ) Delete
Name: OOST, THOMAS R
Address: 385 SON-IN-LAW ROAD APT. 3
City-St-Zip: BONIFAY, FL 32425

Title: MGRM ( ) Delete
Name: PEOPLES, BRANDON
Address: 825 IDLEWOOD CT
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WHITAKER, DAVID
Address: 1624 MALCOLM TAYLOR RD
City-St-Zip: BONIFAY, FL 32425

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: SCOTT HOWELL MGRM 07/06/2006

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