


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000076148 1. Entity Name DEMAREST CONTRACTING, LLC	
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Principal Place of Business 1012 MONROE DR LEHIGH ACRES, FL 33936	Mailing Address 1012 MONROE DR LEHIGH ACRES, FL 33936
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**DO NOT WRITE IN THIS SPACE**



02082008 No Chg-LLC CR2E083 (12/07)

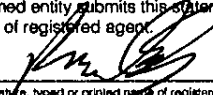
4. FEI Number 20-3292801	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMAREST, RICHARD P II  
 1012 MONROE DR  
 LEHIGH ACRES, FL 33936

**DO NOT WRITE IN THIS SPACE**

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: 2/8/08

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

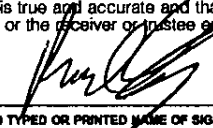
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMAREST, RICHARD P II 1012 MONROE DR LEHIGH ACRES, FL 33936
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U00000823390  
 02/20/08-80036-017 143.75

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 2/8/08 DAYTIME PHONE #: 239-565-5796

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