2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086638

Current Principal Place of Business:

BURNETTE, BRYAN

CAMERON, MICHAEL

BARNES, BRANDON

36153 CLINTON AVE

DADE CITY, FL 33525

5522 GALL BLVD

ZEPHYRHILLS, FL 33542

ZEPHYRHILLS, FL 33542

(X) Delete

(X) Delete

5522 GALL BLVD

MGRM

MGRM

Name:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: PASCO CONSTRUCTION SERVICES, LLC

FILED Apr 27, 2006 Secretary of State

New Principal Place of Business:

WARD, BENJAMIN S

36153 CLINTON AVE

() Change () Addition

() Change () Addition

City-St-Zip: DADE CITY, FL 33525

36153 CLIN DADE CITY		5				
Current Mailing Address:			New Maili	New Mailing Address:		
5522 GALL ZEPHYRHI		3542				
FEI Number:	20-3399953	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
BURNETTE, ROBERT C ESQ. 5522 GALL BLVD ZEPHYRHILLS, FL 33542 US						
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:						
	Elect	ronic Signature of Registered Agent		Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM MORROW, 36153 CLIN DADE CITY,	TON AVE	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition BARNES, JOSEPH 36153 CLINTON AVE DADE CITY, FL 33525		
Title: Name: Address: City-St-Zip:	MGRM BARNES, JO 36153 CLIN DADE CITY,	TON AVE.	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition BARNES, CHRISTOPHER J 36153 CLINTON AVE. DADE CITY, FL 33525		
Title [.]	MGRM	() Delete	Title:	MGRM (X) Change () Addition		

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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

SIGNATURE: JOSEPH BARNES MGRM 04/27/2006