


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90036 010 ***138.75

DOCUMENT # L05000086953 1. Entity Name ROGER RINER CONSTRUCTION, LLC	
--	---

Principal Place of Business 7560 HATCHINEHA ROAD HAINES CITY, FL 33844 US	Mailing Address P.O. BOX 593 LAKE HAMILTON, FL 33851 US
---	---

DO NOT WRITE IN THIS SPACE



04112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3412670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RINER, ROGER D
7560 HATCHINEHA ROAD
HAINES CITY, FL 33844**

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

**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	MGRM RINER, ROGER D 7560 HATCHINEHA ROAD HAINES CITY, FL 33851
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Roger D. Riner Mgrm 4-14-08 863-439-1083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Roger D. Riner