

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088305

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE HOUSTON CONTRACTING GROUP, LLC

Current Principal Place of Business:

215 18TH AVENUE SE
ST. PETERSBURG, FL 33705

New Principal Place of Business:

13785 WALSINGHAM ROAD #126
LARGO, FL 33774

Current Mailing Address:

215 18TH AVENUE SE
ST. PETERSBURG, FL 33705

New Mailing Address:

13785 WALSINGHAM ROAD #126
LARGO, FL 33774

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOUSTON, AMANDA M
215 18TH AVENUE SE
ST. PETERSBURG, FL 33701 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: HOUSTON, JAMES R
Address: 2002A BEACH TRAIL
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM () Delete
Name: HOUSTON, DEREK R
Address: 215 18TH AVENUE SE
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES:

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

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

SIGNATURE: DEREK R. HOUSTON MGRM 04/30/2006

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