


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000096545 1. Entity Name GENE SIDES CONSTRUCTION, LLC	
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Principal Place of Business 218 SW BOUNTIFUL AVE FORT WHITE, FL 32038	Mailing Address 218 SW BOUNTIFUL AVE FORT WHITE, FL 32038
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**DO NOT WRITE IN THIS SPACE**



07162007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 81-0680169	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

SIDES, SUE  
218 SW BOUNTIFUL AVE  
FORT WHITE, FL 32038

**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: *Gene Sides* GENE SIDES 7-16-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

U00000769415  
07/18/07-80006-012 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIDES, GENE 218 SW BOUNTIFUL AVE FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIDES, SUE 218 SW BOUNTIFUL AVE FORT WHITE, FL 32038
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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: *Gene Sides* GENE SIDES 7-16-07 3868671166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #