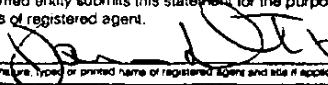
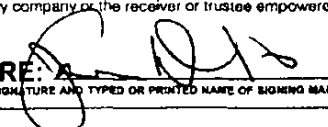


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

07-25-2006 90085 046 ****50.00

DOCUMENT # L05000102569					
1. Entity Name DND CONSTRUCTION OF SARASOTA, LLC					
Principal Place of Business 1166 SNEAD AVENUE SARASOTA, FL 34237			Mailing Address 1166 SNEAD AVENUE SARASOTA, FL 34237		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 600000093	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NORTON, SAM D 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name James Drinkwater Street Address (P.O. Box Number is Not Acceptable) 1166 Snead Ave City Sarasota Fl FL Zip Code 34237	
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  (NOTE: Registered Agent signature required when renouncing) DATE 7-18-2006					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DND CONSTRUCTION, INC. 1188 SNEAD AVENUE SARASOTA, FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR Matthew Gribbin 214 S Washington Avw Sarasota Fl 34236	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR Pamela Gribbin 214 S Washington AVE Sarasota Fl 34236	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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:  JAMES DRINKWATER				Date 7-18-2006	