

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104047

FILED
Apr 25, 2006
Secretary of State

Entity Name: FODEN CONSTRUCTION LLC

Current Principal Place of Business:

165 ISLAND CIRCLE
SARASOTA, FL 34242

New Principal Place of Business:

2016 TRADE CENTER WAY
D
NAPLES, FL 34109

Current Mailing Address:

165 ISLAND CIRCLE
SARASOTA, FL 34242

New Mailing Address:

2016 TRADE CENTER WAY
D
NAPLES, FL 34109

FEI Number: 20-3663084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANER, BILL
165 ISLAND CIRCLE
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

SHANER, BILL
2016 TRADE CENTER WAY
D
NAPLES, FL 34109 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:

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHANER, BILL
Address: 165 ISLAND CIRCLE
City-St-Zip: SARASOTA, FL 34242

Title: MGR () Delete
Name: FODEN, RICHARD
Address: 4100 CORPORATE SQ BLVD, #139
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHANER, BILL
Address: 2016 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: MGR (X) Change () Addition
Name: FODEN, RICHARD
Address: 2016 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

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: RICHARD FODEN

MGR

04/25/2006

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