

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90296 014 \*\*\*\*55.00

**20025437**



<b>DOCUMENT # L05000104513</b> 1. Entity Name <b>MICHAEL MESSER CONSTRUCTION, LLC</b>					
Principal Place of Business <b>398 COLLEGE AVE. DEFUNIAK SPRINGS, FL 32435 US</b>			Mailing Address <b>398 COLLEGE AVE. DEFUNIAK SPRINGS, FL 32435 US</b>		
2. Principal Place of Business <b>398 College Ave.</b>		3. Mailing Address <b>398 College Ave.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Defuniak Springs, FL</b>		City & State <b>Defuniak Springs, FL</b>		4. FEI Number <b>20-3684063</b>	
Zip <b>32435</b> Country <b>USA</b>		Zip <b>32435</b> Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MESSER, MICHAEL L 398 COLLEGE AVE. DEFUNIAK SPRINGS, FL 32435</b>			7. Name and Address of New Registered Agent Name <b>Michael L Messer</b> Street Address (P.O. Box Number is Not Acceptable) <b>398 College Ave.</b> City <b>Defuniak Springs</b> <b>FL</b> Zip Code <b>32435</b>		
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				DATE <b>4-4-06</b>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MESSER, MICHAEL L 398 COLLEGE AVE. DEFUNIAK SPRINGS, FL 32435</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>MGRM KIRK, JOHNNY A 3598 COY BURGESS LOOP DEFUNIAK SPRINGS, FL 32435</b></del> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:				Date <b>4-4-06</b> Daytime Phone # <b>(850) 951-2730</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					