


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90272 001 ****55.00

DOCUMENT # L05000107584	
1. Entity Name BABIN CONSTRUCTION LLC	

Principal Place of Business 4471 LUKE AVE SUITE B DESTIN FL 32541 US	Mailing Address 4471 LUKE AVE SUITE B DESTIN FL 32541 US
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2. Principal Place of Business 27 Nimrod Circle Suite, Apt. #, etc.	3. Mailing Address 27 Nimrod Circle Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State Niceville FL	City & State Niceville FL
Zip 32578	Zip 32578
Country WALTON	Country WALTON

4. FEI Number 20-3753467	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BABIN, GUY 4471 LUKE AVE SUITE B DESTIN FL 32541	7. Name and Address of New Registered Agent Name BABIN, GUY Street Address (P.O. Box Number is Not Acceptable) 27 Nimrod Circle City Niceville FL Zip Code 32578
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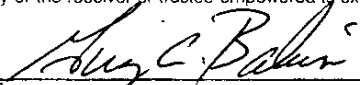
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BABIN, GUY 4471 LUKE AVE SUITE B DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	27 NIMROD CIRCLE NICEVILLE FL 32578 <input checked="" 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
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
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 Section 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 _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		