


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000110906					
1. Entity Name RENFRO'S CONSTRUCTION LLC					
Principal Place of Business 4296 THUNDER RD SNEADS, FL 32460			Mailing Address 4296 THUNDER RD SNEADS, FL 32460		
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 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RENFRO, GORNDON 4296 THUNDER RD SNEADS, FL 32460				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENFRO, GORDON		NAME	200064774162	
STREET ADDRESS	4296 THUNDER RD		STREET ADDRESS	01/31/06--01001--005 **100.00	
CITY-ST-ZIP	SNEADS, FL 32460		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Andrew Lewis Kirby		NAME		
STREET ADDRESS	4296 Thunder Rd		STREET ADDRESS		
CITY-ST-ZIP	Sneads FL 32460		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Larry Wade Macjendon		NAME		
STREET ADDRESS	4296 Thunder Rd		STREET ADDRESS		
CITY-ST-ZIP	Sneads FL 32460		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 1-30-01 Daytime Phone #		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302006 Chg-LLC CR2E083 (11/05)

FL

Zip Code

Handwritten signature/initials