


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90205 023 \*\*\*\*50.00

DOCUMENT # L05000114469			
1. Entity Name S.F. CONSTRUCTION, LLC			
Principal Place of Business 3863 JANEEN CIRCLE MULBERRY FL 33860		Mailing Address 3863 JANEEN CIRCLE MULBERRY FL 33860	
2. Principal Place of Business - No P.O. Box # 4815 NEW TAMPA HWY.		3. Mailing Address 4815 NEW TAMPA HWY.	
Suite, Apt. #, etc. APT. # 4		Suite, Apt. #, etc. APT. # 4	
City & State LAKELAND, FLORIDA		City & State LAKELAND, FLORIDA	
Zip 33815	Country U.S. AMERICA	Zip 33815	Country U.S. AMERICA
6. Name and Address of Current Registered Agent  INMAN, STEPHAN S 3863 JANEEN CIRCLE MULBERRY FL 33860		4. FEI Number 26-2999230	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent		1st MOORE CR2E083 (10/06)	
Name STEPHAN S. INMAN			
Street Address (P.O. Box Number is Not Acceptable) 4815 NEW TAMPA HWY.			
City LAKELAND		FL Zip Code 33815	
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 <i>Stephan Inman</i> STEPHAN INMAN MGR		DATE 3-08-07	
<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2007</b></p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME INMAN, STEPHAN S	TITLE MGR	NAME INMAN, STEPHAN S.
STREET ADDRESS 3863 JANEEN CIRCLE	CITY- ST- ZIP MULBERRY FL 33860	STREET ADDRESS 4815 NEW TAMPA HWY.	CITY- ST- ZIP LAKELAND, FLORIDA 33815
TITLE MGRM	NAME GILLEY, LARRY	TITLE MGRM	NAME GILLEY, LARRY
STREET ADDRESS 3863 JANEEN CIRCLE	CITY- ST- ZIP MULBERRY FL 33860	STREET ADDRESS 1329 Goldfinch DR Apt. #1	CITY- ST- ZIP PLANTCITY, FL 33563
TITLE MGRM	NAME GUENTHER, DAVID	TITLE	NAME
STREET ADDRESS POB 586	CITY- ST- ZIP VALRICO FL 33595	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
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: <i>Stephan Inman</i> STEPHAN INMAN		DATE 3-08-07 (813) 786 3978	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	