

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120306

FILED
Apr 30, 2008
Secretary of State

Entity Name: STRENSKE CONSTRUCTION L.C.

Current Principal Place of Business:

12012 S.E. 84 AVENUE
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

12012 S.E. 84 AVENUE
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 03-0576228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRENSKE, WILLIAM III
1755 SW 108TH LN
#3
OCALA, FL 34476 US

Name and Address of New Registered Agent:

STRENSKE, WILLIAM III
6527 S.E. 111 ST
BELLEVIEW, FL 34420 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: WILLIAM STRENSKE 111

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STRENSKE, WILLIAM D III
Address: 1755 SW 108 LN #3
City-St-Zip: OCALA, FL 34476

Title: MGRM () Delete
Name: STRENSKE, WILLIAM D J.R.
Address: 12012 SE 84 AVE.
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STRENSKE, WILLIAM D III
Address: 6527 S.E. 111 ST
City-St-Zip: BELLEVIEW, FL 34420

Title: MGR (X) Change () Addition
Name: STRENSKE, WILLIAM D J.R.
Address: 12012 SE 84 AVE.
City-St-Zip: BELLEVIEW, FL 34420

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM STRENSKE 111

MGR

04/30/2008

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