


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

04-27-2006 90024 039 ****50.00

DOCUMENT # L05000120664	
1. Entity Name WILLIAM GILLEY CONSTRUCTION LLC	

Principal Place of Business 615 LEE AVE CRESTVIEW FL 32539	Mailing Address 615 LEE AVE CRESTVIEW FL 32539
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2. Principal Place of Business 6008 COBBLER	3. Mailing Address P.O. Box 2182
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CRESTVIEW, FL	City & State CRESTVIEW, FL
Zip 32536	Zip 32536
Country OKALOOSA	Country OKALOOSA

6. Name and Address of Current Registered Agent

GILLEY, WILLIAM 615 LEE AVE CRESTVIEW FL 32539

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
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GILLEY, WILLIAM 615 LEE AVE CRESTVIEW FL 32539	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GILLEY, WILLIAM P.O. Box 2182 CRESTVIEW, FL 32536
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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		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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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: WILLIAM M. GILLEY	850-398-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	APRIL 15-06