

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120666

FILED
Jul 21, 2006
Secretary of State

Entity Name: DIVERSIFIED CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

12465 US 301 HIGHWAY SOUTH
BRYCEVILLE, FL 32209 US

New Principal Place of Business:

542749 US HIGHWAY ONE
CALLAHAN, FL 32011 US

Current Mailing Address:

PO BOX 1704
CALAHAN, FL 32211 US

New Mailing Address:

542749 US HIGHWAY ONE
CALAHAN, FL 32011 US

FEI Number: 20-3977976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLAIR, JACK S
4516 SW OAKHAVEN LANE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ETHRIDGE, MICHAEL A
Address: 1104 KNOLL DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: MGRM () Delete
Name: BLAIR, JACK S
Address: 4516 SW OAKHAVEN LANE
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK SCOTT BLAIR

PRES

07/21/2006

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