
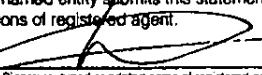
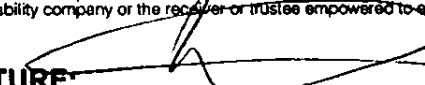


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-17-2007 90006 035 \*\*\*\*\*50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -5 AM 8:40

<b>DOCUMENT # L06000007660</b> 1. Entity Name <b>BEAVER CREEK CONSTRUCTION, LLC</b>					
Principal Place of Business <b>3988 CAMINO REAL TALLAHASSEE, FL 32311</b>			Mailing Address <b>3988 CAMINO REAL TALLAHASSEE, FL 32311</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CONNELL, DARRELL 1020 NORTH ADAMS STREET TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name <b>DARRELL CONNELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3988 CAMINO REAL</b> City <b>TALLAHASSEE</b> FL <b>32311</b>	
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 except the obligations of registered agent. SIGNATURE  DATE <b>1-14-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>CONNELL, DARRELL 1020 NORTH ADAMS STREET TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. <b>DARRELL CONNELL 3988 CAMINO REAL TALLAHASSEE, FLA. 32311</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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:  DATE <b>1/14/07</b> 850 933 9919 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					