

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90153 050 ****50.00

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03152007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000009542 1. Entity Name COTTLE CONSTRUCTION, LTD. CO.					
Principal Place of Business 865 PEARL DRIVE MT. DORA, FL 32757 US			Mailing Address 865 PEARL DRIVE MT. DORA, FL 32757 US		
2. Principal Place of Business - No P.O. Box # 37551 Michigan Ave.		3. Mailing Address 37551 Michigan Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DONA VISTA, FL		City & State DONA VISTA, FL		4. FEI Number 05-0631662	
Zip 32784		Country LAKE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTLE, THOMAS G 865 PEARL DRIVE MT. DORA, FL 32757			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 37551 Michigan Ave. City DONA VISTA FL Zip Code 32784		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Thomas Cottle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					