

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029865

FILED
Jan 19, 2007
Secretary of State

Entity Name: OCF CONSTRUCTION, LLC

Current Principal Place of Business:

2834 ABBEY AVENUE
ORLANDO, FL 32833 US

New Principal Place of Business:

Current Mailing Address:

2834 ABBEY AVENUE
ORLANDO, FL 32833 US

New Mailing Address:

FEI Number: 20-4543528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUNNINGHAM, JOHN A JR
2834 ABBEY AVENUE
ORLANDO, FL 32833 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: MGR () Delete
Name: CUNNINGHAM, JOHN A JR
Address: 2834 ABBEY AVENUE
City-St-Zip: ORLANDO, FL 32833 US

Title: MGRM () Delete
Name: SHARRITT, JEREMY
Address: 231 EXETER STREET
City-St-Zip: ORLANDO, FL 32820

Title: MGRM (X) Delete
Name: PERKINS, JASON LEE
Address: 231 EXETER STREET
City-St-Zip: ORLANDO, FL 32820

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CUNNINGHAM, KATHERINE A
Address: 2834 ABBEY AVE
City-St-Zip: ORLANDO, FL 32833

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: KATHERINE CUNNINGHAM

MGRM

01/19/2007

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