


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90483 038 *****50.00

DOCUMENT # L06000033330	
1. Entity Name RJ DODGEN CONSTRUCTION, LLC	

Principal Place of Business 1628 NOLAN ROAD MIDDLEBURG FL 32068	Mailing Address 1628 NOLAN ROAD MIDDLEBURG FL 32068
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2. Principal Place of Business - No P.O. Box # 2960 Ravines Rd Suite, Apt. #, etc. #1321 City & State Middleburg, FL Zip 32068 Country CLAY	3. Mailing Address 2960 Ravines Rd Suite, Apt. #, etc. #1321 City & State Middleburg, FL Zip 32068 Country CLAY
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1st MOORE CR2E083 (10/06)

4. FEI Number 20-4626073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DODGEN, ROY JAMES 1628 NOLAN ROAD MIDDLEBURG FL 32068	7. Name and Address of New Registered Agent Name Dedgen Roy J III Street Address P.O. Box (Number is Not Acceptable) 2960 Ravines Rd unit #1321 City Middleburg FL Zip Code 32068
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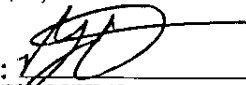
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DODGEN, ROY JAMES 1628 NOLAN ROAD MIDDLEBURG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #