2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 26, 2008
Secretary of State

DOCUMENT# L06000085785

Entity Name: AARON KINCAID CONSTRUCTION LLC.

Current Principal Place of Business:

18167 CEDAHURST RD
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

18167 CEDAHURST RD
ORLANDO, FL 32820

New Mailing Address:

FEI Number: 20-5659004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

KINCAID, AARON W
18167 CEDARHURST RD
ORLANDO, FL FL 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: KINCAID, AARON W
Address: 18167 CEDARHURST RD
City-St-Zip: ORLANDO, FL 32820

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: SCUDERI, JUSTIN R
Address: 18537 3RD AVE.
City-St-Zip: ORLANDO, FL 32820

Title: MGR ( ) Change (X) Addition
Name: THOMAS, MICHAEL L
Address: 18167 CEDARHURST RD.
City-St-Zip: ORLANDO, FL 32820

I hereby certify that the information supplied with this filing does not qualify 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: AARON KINCAID MGR 09/26/2008

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