


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JAN 25 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000020259 1. Entity Name ACOSTA CONSTRUCTION LLC	
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Principal Place of Business 187 MT OLIVE CHURCH RD BAINBRIDGE, GA 39817	Mailing Address 187 MT OLIVE CHURCH RD BAINBRIDGE, GA 39817
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address 187 Mt olive church rd LOT-5 Suite, Apt. #, etc. City & State Bainbridge, GA 39817 Zip 39817	Country GA	4. FEI Number 635400252
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01252008	Chg-LLC	CR2E083 (12/06)	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

SUAREZ, LUIS
2156 E PARK AVE.
TALLAHASSEE, FL 32301

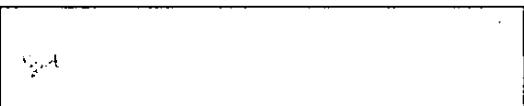
7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 *Manuel Acosta* DATE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75



Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete ACOSTA, MIGUEL 187 MT OLIVE CHURCH RD BAINBRIDGE, GA 39817
TITLE	<input type="checkbox"/> Delete _____
TITLE	<input type="checkbox"/> Delete _____
TITLE	<input type="checkbox"/> Delete _____
TITLE	<input type="checkbox"/> Delete _____
TITLE	<input type="checkbox"/> Delete _____

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900117638869 02/11/08--01005--004 **139.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____
TITLE	<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: *Manuel Acosta* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____