2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 09, 2006 08:00 AN Secretary of State DOCUMENT # L96000001330 · 1. Entity Name GREEN POINT CONSTRUCTION, L.C. Mailing Address Principal Place of Business 865 HWY 98 P.O. BOX 922 EASTPOINT FL 32328-0922 EASTPOINT FL 32328 2. Principal Place of Business 3. Mailing Address Suite, Apt #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 59-3420521 Not Applicat Zio Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DODDS, JOHN P 865 HWY 98 Street Address (P.O. Box Number is Not Acceptable) EASTPOINT FL 32328-0922 City 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 above the obligations of registered agent. Signature, typoid or printed name of registered agent and title II applicable. (NOTE Registered Agent signature regulated when reunstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE ☐ A.L. ☐ Change NAME DODDS, JOHN P NAME STREET ADDRESS 865 HWY 98 STREET ADDRESS U00000425534 02/20/06-80004-005 125.00 CITY-ST-ZIP **EASTPOINT FL 32328-0922** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ∐ A₫ NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE TÌ Alt Change * NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Delete m) F ☐ Change ☐ Adi NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ∐ Aı' NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-7/P

11. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the informatindicated 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MANAGER PARTNER

FILED