2006 LIMITED LIABILITY COMPANY

Feb 21, 2006 08:00 AM **Secretary of State ANNUAL REPORT** DOCUMENT # L97000001145 REGENT CONTRACTING, L.C. Principal Place of Business Malling Address 6105 TRANSIT ROAD 6105 TRANSIT ROAD SUITE 140 **SUTTE 140** EAST AMHERST, NY 14051 EAST AMHERST, NY 14051 CR2E083 (11/05) 01052006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1545384 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fea Required 5. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and rate if eppticable [NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE HUCK, DAVID A 6278 GOTT CREEK TRAIL STREET ADDRESS U00000447657 U3/04708 80029-017 50,00 CITY-ST-ZIP EAST AMHRST, NY 14051 3373 F NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CHTY-\$1-21P

11. I hereby certify that the information supplied with this filling 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 path; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BULE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED