2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004269

Entity Name
MULTICON CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
2302 S MANHATTAN AVE SUITE 105 TAMPA, FL 33629	2302 S MANHATTAN AVE SUITE 105 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

01102006No Chg-LLC CRZE083 (11/05)

4. FEI Number
34-2014168

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCKNIGHT, JAMES PATRICK
2302 #105 S. MANHATTAN AVE,
TAMPA, FL 33629

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MCKNIGHT, DEBORAH R
STREET ADDRESS	2002 SUMMIT BLVD., STE. 1000
CITY-ST-ZIP	ATLANTA, GA 30319
TITLE	MGR
NAME	MCKNIGHT, JAMES P
STREET ADDRESS	2002 SUMMIT BLVD., STE. 1000
CITY-ST-ZIP	ATLANTA, GA 30319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/06-80029-015 55.00

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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: James P. McKnight 1-20-06 0835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #