

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001343

FILED
Apr 14, 2006
Secretary of State

Entity Name: BLACKFOOT CONSTRUCTION, LLC

Current Principal Place of Business:

2900 EAST LAKE BONNET RD. #B-10
AVON PARK, FL 33825

New Principal Place of Business:

1821 LAKEVIEW DRIVE
SEBRING, FL 33870 US

Current Mailing Address:

2900 EAST LAKE BONNET RD. #B-10
AVON PARK, FL 33825

New Mailing Address:

P.O. BOX 6998
AVON PARK, FL 33826 US

FEI Number: 34-2048942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKEENS, JAMES L
2900 EAST LAKE BONNET RD. #B-10
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

SKEENS, CARA R
1821 LAKEVIEW DRIVE
SEBRING, FL 33870 US

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: CARA R. SKEENS

04/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SKEENS, JAMES L
Address: 911 FRONT ST.
City-St-Zip: PRINCETON, WV 24740

Title: MGR (X) Delete
Name: SKEENS, CARA R
Address: 911 FRONT ST.
City-St-Zip: PRINCETON, WV 24740

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SKEENS, CARA R
Address: 911 FRONT ST.
City-St-Zip: PRINCETON, WV 24740 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARA R. SKEENS

MGR

04/14/2006

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