

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000004812

1. Entity Name
CEDAR RUN CONSTRUCTION, LLC



Principal Place of Business

**8355 ROCKVILLE ROAD
INDIANAPOLIS, IN 46234**

Mailing Address

**8355 ROCKVILLE ROAD
INDIANAPOLIS, IN 46234**

DO NOT WRITE IN THIS SPACE



01192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0013233

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHROUT, TIM J
199 TOPANGA DRIVE
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PROCK, RANDY W
8355 ROCKVILLE ROAD
INDIANAPOLIS, IN 46234**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHROUT, TIMMY J
8355 ROCKVILLE ROAD
INDIANAPOLIS, IN 46234**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, DAVID B
8355 ROCKVILLE ROAD
INDIANAPOLIS, IN 46234**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, DAVID N
8355 ROCKVILLE ROAD
INDIANAPOLIS, IN 46234**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000433540
02/24/06-80022-005 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-08-06

Date

317-271-8888

Daytime Phone #