


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # M05000004812</b>	
1. Entity Name <b>CEDAR RUN CONSTRUCTION, LLC</b>	

Principal Place of Business <b>8355 ROCKVILLE ROAD INDIANAPOLIS, IN 46234</b>	Mailing Address <b>8355 ROCKVILLE ROAD INDIANAPOLIS, IN 46234</b>
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01192006No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0013233</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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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 \_\_\_\_\_ (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	
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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: Timmy J. ShROUT      Date: 2-08-06      Daytime Phone #: 317-271-8888

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