


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 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**



01032007No 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 \_\_\_\_\_ 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, 2007**

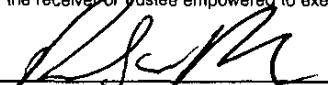
9. MANAGING MEMBERS/MANAGERS

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	

**DO NOT WRITE IN THIS SPACE**

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 03/22/07-80018-009 50.00

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:**  **3/5/07** **317-271-8888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #