


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED

07 OCT 30 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # L00000005411</b> 1. Entity Name FRIDAY CONSTRUCTION, L.L.C.	
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Principal Place of Business 1444 W J-65 SERVICES RD S MOBILE, AL 36693	Mailing Address 1444 W J-65 SERVICES RD S MOBILE, AL 36693
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2. Principal Place of Business - No P.O. Box # <i>1444 W J-65 Service Rds</i>	3. Mailing Address <i>1444 W J-65 Service Rds</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07132007    Chg-LLC    CR2E083 (12/06)

City & State <i>Mobile, AL</i>	City & State <i>Mobile, AL</i>
Zip <i>36693</i>	Country <i>USA</i>

4. FEI Number 58-2583043	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY, SUITE 301 DESTIN, FL 32541	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 *[Signature]*      DATE

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, C. THURMON 70 ADAMS ST MOBILE, AL 36602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1444 W J-65 Service Rd S Mobile AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMMISKEY, MICHAEL P.O. BOX 1446 PASCAGOULA, MS 39568	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 29845 Saint Basil Street Daphne, AL 36526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVERSTEIN, JERRY 2321 AIRPORT BLVD. MOBILE, AL 36606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700112029527 11/06/07--01013--015    **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

## REINSTATEMENT

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]*      Date: *10/11/07*      Daytime Phone #: *(251) 666-6767*

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