

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004186

FILED
Mar 09, 2007
Secretary of State

Entity Name: ALLARD BUILDERS, LLC

Current Principal Place of Business:

184 SWAN LAKE DRIVE
MELROSE, FL 32666

New Principal Place of Business:

190 SWAN LAKE DRIVE
MELROSE, FL 32666

Current Mailing Address:

184 SWAN LAKE DRIVE
MELROSE, FL 32666

New Mailing Address:

190 SWAN LAKE DRIVE
MELROSE, FL 32666

FEI Number: 57-1197252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLARD, MARLENE S
184 SWAN LAKE DRIVE
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

ALLARD, MARLENE S
190 SWAN LAKE DRIVE
MELROSE, FL 32666 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: MARLENE S. ALLARD

03/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLARD, WILLIAM L
Address: 184 SWAN LAKE DRIVE
City-St-Zip: MELROSE, FL 32666

Title: MGRM () Delete
Name: ALLARD, CODY B
Address: 184 SWAN LAKE DR.
City-St-Zip: MELROSE, FL 32666

Title: MGRM () Delete
Name: ALLARD, ANTHONY A
Address: 184 SWAN LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: MGRM () Delete
Name: ALLARD, MARLENE S
Address: 184 SWAN LAKE DR
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLARD, WILLIAM L
Address: 190 SWAN LAKE DRIVE
City-St-Zip: MELROSE, FL 32666

Title: MGRM (X) Change () Addition
Name: ALLARD, CODY B
Address: 190 SWAN LAKE DR.
City-St-Zip: MELROSE, FL 32666

Title: MGRM (X) Change () Addition
Name: ALLARD, ANTHONY A
Address: 190 SWAN LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: MGRM (X) Change () Addition
Name: ALLARD, MARLENE S
Address: 190 SWAN LAKE DR
City-St-Zip: MELROSE, FL 32666

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: MARLENE S. ALLARD

MGRM

03/09/2007

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