

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072129

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** FREEPORT BUILDERS, LLC

**Current Principal Place of Business:**

508-A CAPITAL CIRCLE, S.E.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

502-C CAPITAL CIRCLE, S.E.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

508-A CAPITAL CIRCLE, S.E.  
TALLAHASSEE, FL 32301

**New Mailing Address:**

502-C CAPITAL CIRCLE, S.E.  
TALLAHASSEE, FL 32301

FEI Number: 20-3245396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIST, MICHAEL P  
1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TURNER, FREDERICK E  
Address: 508-A CAPITAL CIRCLE, S.E.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR  
Name: TURNER, DOUGLAS E  
Address: 508-A CAPITAL CIRCLE SE  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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: LEE ALLMAN

ACCT

04/27/2010

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