

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046050

FILED
Jul 18, 2007
Secretary of State

Entity Name: 3 RIVERS CONSTRUCTION SERVICES LLC

Current Principal Place of Business:

6694 NW 31ST CIRCLE
JENNINGS, FL 32053

New Principal Place of Business:

Current Mailing Address:

6694 NW 31ST CIRCLE
JENNINGS, FL 32053

New Mailing Address:

FEI Number: 20-4807394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCDONALD, EARL
6694 NW 31ST CIRCLE
JENNINGS, FL 32053 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: MGRM () Delete
Name: MCDONALD, EARL
Address: 6694 NW 31ST CIRCLE
City-St-Zip: JENNINGS, FL 32053

Title: MGRM () Delete
Name: MCDONALD, CURT D
Address: 6694 NW 31ST CIRCLE
City-St-Zip: JENNINGS, FL 32053

Title: MGRM () Delete
Name: MCDONALD, DEBORAH A
Address: 6694 NW 31ST CIRCLE
City-St-Zip: JENNINGS, FL 32053

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EARL MCDONALD

MGRM

07/18/2007

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