2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000003144

1. Entity Name
FORCUM LANNOM CONTRACTORS, LLC

Principal Place of Business	Mailing Address
350 US HWY 51 BYPASS S DYERSBURG, TN 38024	PO BOX 768 DYERSBURG, TN 38025

01032005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0182385

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ 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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PENNINGTON, L.D.
STREET ADDRESS	2119 TATUM ROAD
CITY-ST-ZIP	DYBERSBURG, TN 38024
TITLE	MGRM
NAME	TAYLOR, DAVID R
STREET ADDRESS	231 QUAIL HOLLOW DRIVE
CITY-ST-ZIP	DYBERSBURG, TN 38024
TITLE	MGRM
NAME	WARREN, ROBERT C
STREET ADDRESS	898 BEAVER CREEK COVE
CITY-ST-ZIP	DYBERSBURG, TN 38024
TITLE	MGRM
NAME	GLASS, JAMES B
STREET ADDRESS	3752 HWY 78
CITY-ST-ZIP	DYBERSBURG, TN 38024
TITLE	MGRM
NAME	FORCUM LANNOM, INC.
STREET ADDRESS	422 MCGAUGHEY STREET
CITY-ST-ZIP	DYERSBURG, TN 38024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/05-80016-001 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert C Warren Robert C Warren 1/10/05 (731)287-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #