


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90091 012 ****50.00

DOCUMENT # M96000000526	
1. Entity Name HOAR CONSTRUCTION, LLC	

Principal Place of Business TWO METROPLEX DRIVE BIRMINGHAM, AL 35209	Mailing Address P.O. BOX 660400 BIRMINGHAM, AL 35266-0400
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DO NOT WRITE IN THIS SPACE

CHK RAUSTIN 7/12/2005

ENTRD SSIRLES 7/13/2005



07072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1367828	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURTON, ROBERT O TWO METROPLEX DRIVE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCORD, STEVE J TWO METROPLEX DRIVE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLYCE, THOMAS E TWO METROPLEX DRIVE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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:  Date: 7/19/05 Daytime Phone #: 205-423-2325

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