2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # M9700000387 1. Entity Name JEREMIAH SPECIALTY CONTRACTORS, L.L.C. Principal Place of Business Mailing Address 2001 MCCAIN PARKWAY 2001 MCCAIN PARKWAY PELHAM, AL 35124 PELHAM, AL 35124 03202005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1374028 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE JOHNSON, G. STEPHEN NAME 2001 MCCAIN PARKWAY STREET ADDRESS CITY-ST-ZIP PELHAM, AL 35124 000000387750 04: 15:05-80067-005-50.00 TITLE NAME MYREX, THOMAS D 2001 MCCAIN PARKWAY STREET ADDRESS CITY-ST-ZIP PELHAM, AL 35124 **MGRM** LAWLEY, GLENN S NAME STREET ADDRESS 2001 MCCAIN PARKWAY DO NOT WRITE CITY-ST-ZIP PELHAM, AL 35124 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.13.05

(205) 621-14

FILED