2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# L00000013420

Entity Name: ALLEN BUILDING CONSTRUCTION, LLC

Current Principal Place of Business:

6520 BAYSHORE BLVD
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 130167
TAMPA, FL 336810167

New Mailing Address:

FEI Number: 52-2273144 **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:

ALLEN, BENJAMIN S
6520 BAYSHORE BLVD.
TAMPA, FL 33611 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:	ALLEN, WALTER S	
Address:	6520 BAYSHORE BLVD.	
City-St-Zip:	TAMPA, FL 33611	
Title:	MGRM	( ) Delete
Name:	MATTHEW ALLEN, STEPHEN	
Address:	6520 BAYSHORE BLVD.	
City-St-Zip:	TAMPA, FL 33611	
Title:	MGR	( ) Delete
Name:	ALLEN, BENJAMIN S	
Address:	6520 BAY SHORE BLVD.	
City-St-Zip:	TAMPA, FL 33611	

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: STEVE ALLEN MGRM 05/12/2009

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