

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000810

FILED
Apr 14, 2009
Secretary of State

Entity Name: BRI CONSTRUCTION GROUP, LLC

Current Principal Place of Business:

960 BLACKJACK RIDGE TRAIL
LAKE HELEN, FL 32744

New Principal Place of Business:

31739 DIVISION ST
DELAND, FL 32720

Current Mailing Address:

P.O BOX 4438
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-3698521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRIDEGROOM, CHRISTOPHER MGRM
960 BLACKJACK RIDGE TRAIL
LAKE HELEN, FL 32744 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: BRIDEGROOM, CHRISTOPHER
Address: 960 BLACKJACK RIDGE TRAIL
City-St-Zip: LAKE HELEN, FL 32744

Title: MGRM () Delete
Name: BRIDEGROOM, KENNETH
Address: 31739 DIVISION ST
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: BRIDEGROOM, VIVIAN A
Address: 31739 DIVISION ST.
City-St-Zip: DELAND, FL 32720

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: CHRISTOPHER BRIDEGROOM

MGRM

04/14/2009

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