FILED
Jun 02, 2003 8:00 am
Secretary of State
04-28-2003 91003 008 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013817

1. Entity Name
ECOFRIENDLY CONSTRUCTION, LLC

44003120

Principal Place of Business	Mailing Address
477 LINKSIDE PLACE DESTIN, FL 32550	P.O. BOX 424 DESTIN, FL 32550

2. Principal Place of Business		3. Mailing Address	
		10859 EMERALD COAST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. HWY W, # 424	
City & State		City & State DESTIN, FL	
Zip	Country	Zip 32550	Country WALTON

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0455691 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEPHENS, JEFF M 365 HWY 98 EAST, SUITE 220 DESTIN, FL 32541	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

Please Add "Managing Member"

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WALTER B. SASSER III 477 LINKSIDE PLACE DESTIN, FL 32550 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #