

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90016 025 ***538.75

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08252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000020424 1. Entity Name GREAT SOUTHERN CONSTRUCTORS, LLC			
Principal Place of Business 807 SOUTH ORLANDO AVENUE, SUITE R WINTER PARK, FL 32789		Mailing Address 807 SOUTH ORLANDO AVENUE, SUITE R WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 1750 W Broadway ST Suite, Apt. #, etc. 222 City & State Orlendo, FL Zip 32765 Country USA		3. Mailing Address 1750 W Broadway ST Suite, Apt. #, etc. 222 City & State Orlendo, FL Zip 32765 Country USA	
4. FEI Number 59-3206601		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent TUMLIN, KENNETH M 807 SOUTH ORLANDO AVENUE, SUITE R WINTER PARK, FL 32789	
7. Name and Address of New Registered Agent Name Kenneth Tumlin Street Address (P.O. Box Number is Not Acceptable) 1750 W. Broadway ST#222 City Orlendo FL Zip Code 32765		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME TUMLIN, KENNETH M STREET ADDRESS 807 SOUTH ORLANDO AVENUE, SUITE R CITY-ST-ZIP WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE MGRM NAME Kenneth M. Tumlin STREET ADDRESS 1750 W. Broadway ST. CITY-ST-ZIP Orlendo, Florida 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 9/9/08 <small>Daytime Phone #</small>	