2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L03000006621

Entity Name: NEWMANS BROTHERS CONSTRUCTION LLC

Current Principal Place of Business:

1726 FRANKFORT AVENUE
3
PANAMA CITY, FL 32405 US

New Principal Place of Business:

1726 FRANKFORD AVENUE
PANAMA CITY, FL 32405 US

Current Mailing Address:

1726 FRANKFORT AVENUE
3
PANAMA CITY, FL 32405 US

New Mailing Address:

1726 FRANKFORD AVENUE
PANAMA CITY, FL 32405 US

FEI Number: 46-0520361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEWMANS, HOWARD E
1726 FRANKFORT AVENUE
3
PANAMA CITY, FL 32405 US US

Name and Address of New Registered Agent:

NEWMANS, HOWARD E
1726 FRANKFORD AVENUE
PANAMA CITY, FL 32405 US US

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: 01/15/2007

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NEWMANS, HOWARD E
Address: 8618 WOOD CIRCLE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGR ( ) Delete
Name: NEWMANS, WOODROW P
Address: 1119 NEW YORK AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

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 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: WOODROW P. NEWMANS MGR 01/15/2007

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