2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2007
Secretary of State

DOCUMENT# L03000040808

Entity Name: MOODY CONSTRUCTION OF S.W. FLORIDA, L.L.C.

Current Principal Place of Business:

8473 GROVE ROAD
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

8473 GROVE ROAD
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-4655616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOODY, CHAD E OWNER
8473 GROVE ROAD
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 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: JAMISON MARK JESSUP SR 02/10/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MRS. ( ) Delete
Name: MOODY, JILL A V.P.
Address: 8473 GROVE ROAD
City-St-Zip: FORT MYERS, FL 33912 US

Title: MR ( ) Delete
Name: RUSSELL, JASON B OFFICER
Address: 4038 COTTAGEWOOD TRAIL
City-St-Zip: TALLAHASSEE, FL 32311 US

ADDITIONS/CHANGES:

Title: MRGM (X) Change ( ) Addition
Name: MOODY, CHAD E
Address: 8473 GROVE ROAD
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM (X) Change ( ) Addition
Name: RUSSELL, JASON B OFFICER
Address: 4038 COTTAGEWOOD TRAIL
City-St-Zip: TALLAHASSEE, FL 32311 US

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: CHAD MOODY MGRM 02/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date