

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043205

FILED
Feb 04, 2009
Secretary of State

Entity Name: SOUTHERN STAR BUILDERS OF PUTNAM COUNTY, L.L.C.

Current Principal Place of Business:

114 ESPERANZA GROVE ROAD
EAST PALATKA COUNTY, FL 32131

New Principal Place of Business:

Current Mailing Address:

114 ESPERANZA GROVE ROAD
EAST PALATKA COUNTY, FL 32131

New Mailing Address:

FEI Number: 02-0712076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALOY, MICHAEL E
114 ESPERANZA GROVE ROAD
EAST PALATKA COUNTY, FL 32131 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: MALOY, MICHAEL E
Address: 114 ESPERANZA GROVE ROAD
City-St-Zip: EAST PALATKA, FL 32131

Title: MGRM () Delete
Name: MALOY, SALLY M
Address: 114 ESPERANZA GROVE ROAD
City-St-Zip: EAST PALATKA, FL 321313

Title: MGRM () Delete
Name: WILLIAMS, GREGORY L
Address: P.O. BOX 332
City-St-Zip: PALATKA, FL 32177

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: MICHAEL E. MALOY

MGRM

02/04/2009

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