2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047504

Entity Name: HAYNES STEEL ERECTION LLC

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

731 3RD ST. 429 TAVARES RD

POLK CITY, FL 33868 US POLK CITY, FL 33868 US

Current Mailing Address: New Mailing Address:

P.O. BOX 127 P.O. BOX 87

POLK CITY, FL 33868 US POLK CITY, FL 33868 US

FEI Number: 52-2416129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYNES, WILLIE E HAYNES, CLINTON E 731 3RD ST. 429 TAVARES RD

POLK CITY, FL 33868 US POLK CITY, FL 33868 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: CLINTON E HAYNES 01/06/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 HAYNES, WILLIE E
 Name:
 HAYNES, CLINTON E

 Address:
 P.O. BOX 127 731 3RD ST.
 Address:
 429 TAVARES RD.

 City-St-Zip:
 POLK CITY, FL 33868 US
 City-St-Zip:
 POLK CITY, FL 33868 US

Title: () Delete Title: MEMB () Change (X) Addition

 Name:
 Name:
 PRESTAGE, JAMES D

 Address:
 Address:
 339 TAVARES RD.

 City-St-Zip:
 City-St-Zip:
 POLK CITY, FL 33868

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: CLINTON E HAYNES MGR 01/06/2009