2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

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Entity Name: RAYMOND D. TURNIPSEED CONSTRUCTION, L.L.C.

Current Principal Place of Business:

2790 S.E. 36TH STREET
OCALA, FL 34471

New Principal Place of Business:

2790 S.E. 36TH STREET
OCALA, FL 34471 US

Current Mailing Address:

2790 S.E. 36TH STREET
OCALA, FL 34471

New Mailing Address:

2790 S.E. 36TH STREET
OCALA, FL 34471 US

FEI Number: 20-0708456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNIPSEED, RAYMOND D
2790 S.E. 36TH STREET
OCALA, FL 34471 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: MGR ( ) Delete
Name: TURNIPSEED, RAYMOND D
Address: 2790 S.E. 36TH STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete
Name: TURNIPSEED, LISA A
Address: 2790 S.E. 36TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TURNIPSEED, RAYMOND D
Address: 2790 S.E. 36TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: MGRM (X) Change ( ) Addition
Name: TURNIPSEED, LISA A
Address: 2790 S.E. 36TH STREET
City-St-Zip: OCALA, FL 34471 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: LISA A. TURNIPSEED MGRM 04/16/2007

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