2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jan 23, 2007 08:00 AM DOCUMENT # L04000009600 Secretary of State A.B. CONSTRUCTION L.L.C. Principal Place of Business Mailing Address 5291 COLLINS ROAD 5291 COLLINS ROAD LOT #95 LOT #95 JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Numbor Applied For 20-0698703 Not Applicable Zıp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREWER, ARCHIE'W JR Street Address (P.O. Box Number is Not Acceptable) 5291 COLLINS ROAD LOT #95 JACKSONVILLE FL 32244 Zip Code 8. 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 I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature recoired when reinstating) DATE. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. HILLE MGRM IIII Change ☐ Addition Delete NAME. BREWER, ARCHIE W JR NAMI U00000599586 STREET ADDRESS STREET ADDRESS 5291 COLLINS ROAD, LOT #95 01/25/07-80033-017 50.00 CITY-SI-7IP JACKSONVILLE FL 32244 CHY-ST-ZIP THE ☐ Defete HIU ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-7/P ☐ Delete IIILE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SE 7/P CHY-ST-74 1:111 Defete DITTE ☐ Addition □ Change NAME NAM STREET LADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7R HILF ☐ Delete THIE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 111110 ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

904-278-1081