
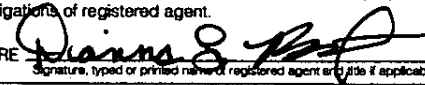
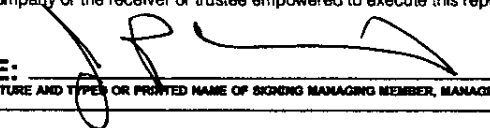


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90463 027 *****50.00

DOCUMENT # L04000014808 1. Entity Name HAMBRICK CONSTRUCTION COMPANY, LLC					
Principal Place of Business 218 LONG AVENUE PORT ST. JOE, FL 32456			Mailing Address P.O. BOX 678 PORT ST. JOE, FL 32456		
2. Principal Place of Business - No P.O. Box # 3001 Hwy 98		3. Mailing Address Suite, Apt. #, etc.			
City & State Mexico Beach FL		City & State			
Zip 32410	Country Bay	Zip	Country	4. FEI Number 32-0109350	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROUTH, DIANNA 218 LONG AVENUE PORT ST. JOE, FL 32456			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3001 Hwy 98 Mexico Beach 32410 City FL 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  DATE 3-12-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAMBRICK, JAMES P 218 LONG AVENUE PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	3001 Hwy 98 Mexico Beach FL 32410
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: 			3-12-07 (850) 648-2300		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		