


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90032 043 \*\*\*138.75

<b>DOCUMENT # L04000016888</b> 1. Entity Name <b>RONALD BRYAN CONSTRUCTION, LLC</b>					
Principal Place of Business <b>90 W. RAPHAEL RD. DEFUNIAK SPRINGS, FL 32433</b>			Mailing Address <b>90 W. RAPHAEL RD. DEFUNIAK SPRINGS, FL 32433</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04302008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number <b>05-0597520</b>	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRYAN, RONALD 90 W. RAPHAEL RD. DEFUNIAK SPRINGS, FL 32433</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>YOUNG, RAYFORD L</b> STREET ADDRESS <b>87 N 10TH ST</b> CITY-ST-ZIP <b>DEFUNIAK SPRINGS, FL 32433</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE: <i>Ronald Bryan</i> Ronald Bryan</b>				<b>April 30, 2008 850-892-2550</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	