

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029306

FILED
Apr 05, 2007
Secretary of State

Entity Name: RON DEMOSS CONSTRUCTION, LLC

Current Principal Place of Business:

36337 TERRA CT
GRAND IS, FL 32735

New Principal Place of Business:

36337 TERRA CT
GRAND ISLAND, FL 32735 US

Current Mailing Address:

36337 TERRA CT
GRAND IS, FL 32735

New Mailing Address:

36337 TERRA CT
GRAND ISLAND, FL 32735 US

FEI Number: 74-3120182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMOSS, RON
36337 TERRA CT
GRAND IS, FL 32735 US

Name and Address of New Registered Agent:

DEMOSS, RON
36337 TERRA CT
GRAND ISLAND, FL 32735 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: RON DEMOSS

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEMOSS, RON
Address: 36337 TERRA CT
City-St-Zip: GRAND IS, FL 32735

Title: MGRM () Delete
Name: DEMOSS, BONNIE
Address: 36337 TERRA CT
City-St-Zip: GRAND IS, FL 32735

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEMOSS, RON
Address: 36337 TERRA CT
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: MGRM (X) Change () Addition
Name: DEMOSS, BONNIE
Address: 36337 TERRA CT
City-St-Zip: GRAND ISLAND, FL 32735 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: RON DEMOSS

MGR

04/05/2007

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