2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# L04000030404

Entity Name: LOCAL CONSTRUCTION, LLC

Current Principal Place of Business:

2489 LONG ROAD
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

110 OAKRIDGE WAY
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

2489 LONG ROAD
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

110 OAKRIDGE WAY
DEFUNIAK SPRINGS, FL 32433

FEI Number: 20-0983101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, REBECCA
2489 LONG ROAD
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

HARRISON, REBECCA
110 OAKRIDGE WAY
DEFUNIAK SPRINGS, FL 32433 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: 01/24/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: HARRISON, JACOB
Address: 2489 LONG ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGR (X) Delete
Name: HARRISON, REBECCA
Address: 2489 LONG ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HARRISON, JACOB
Address: 110 OAKRIDGE WAY
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACOB HARRISON MGRM 01/24/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date