2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 29, 2008 8:00 am
Secretary of State
01-29-2008 90065 033 ***143.75

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1. Entity Name
HYPERION CONSTRUCTION, L.L.C.

Principal Place of Business	Mailing Address
226 SOUTH PALAFOX PLACE SUITE 401 B-C PENSACOLA, FL 32502	226 SOUTH PALAFOX PLACE SUITE 401 B-C PENSACOLA, FL 32502

01042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1302617
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHASTAIN, MARK A
226 SOUTH PALAFOX ST
STE 401 B & C
PENSACOLA, FL 32502

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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 MARK CHASTAIN 01-18-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHASTAIN, MARK A
STREET ADDRESS	226 SOUTH PALAFOX PLACE, SUITES 401 B & C
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	MGRM
NAME	HARRELSON, GREGORY L
STREET ADDRESS	15359 FLEMMING ROAD
CITY-ST-ZIP	BAY MINETTE, AL 36507
TITLE	MGRM
NAME	HARRELSON, HARRELL L
STREET ADDRESS	15375 FLEMMING ROAD
CITY-ST-ZIP	BAY MINETTE, AL 36507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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.

SIGNATURE: MARK CHASTAIN 02-27-08 850-432-8161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #