

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

01-29-2008 90065 033 ***143.75

DOCUMENT # L04000038678 1. Entity Name HYPERION CONSTRUCTION, L.L.C.	
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Principal Place of Business 226 SOUTH PALAFOX PLACE SUITE 401 B-C PENSACOLA, FL 32502	Mailing Address 226 SOUTH PALAFOX PLACE SUITE 401 B-C PENSACOLA, FL 32502
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DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC

CR2E083 (12/07)

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**

**DO NOT WRITE
IN THIS SPACE**

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01-18-08

DATE

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

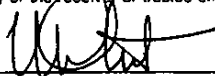
9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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

Date

850-432-8161

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE