2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000047510

Entity Name: WARD CONSTRUCTION & CONSULTING, L.L.C.

FILED Oct 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

255 FIRE ESCAPE RD ST MARKS, FL 32355

Current Mailing Address: New Mailing Address:

PO BOX 607 ST MARKS, FL 32355

FEI Number: 20-1295201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICHARD A. GLOVER, C.P.A., P.A. 1809 MICCOSUKEE COMMONS DR #108 TALLAHASSEE, FL 32308 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: RICHARD A. GLOVER

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WARD, JAMES T
 Name:

 Address:
 PO BOX 607
 Address:

 City-St-Zip:
 ST MARKS, FL 32355
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BARTLETT, CHARLES E
 Name:

 Address:
 205 N DELLVIEW DR
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: VAILLANCOURT, CHRISTOPHER A Name: LINTON, CHRISTOPHER Address: PO BOX 122 Address: PO BOX 122

City-St-Zip: ST MARKS, FL 32355 City-St-Zip: ST MARKS, FL 32355

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: JAMES T. WARD MGRM 10/19/2005