2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State
05-16-2007 90176 023 ****50.00

DOCUMENT # **L04000047510**

1. Entity Name

WARD CONSTRUCTION AND APARTMENTS SERVICES, L.L.C.

Principal Place of Business	Mailing Address
255 FIRE ESCAPE RD ST MARKS FL 32355	PO BOX 607 ST MARKS FL 32355

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1295201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name James T. Ward
Street Address (P.O. Box Number is Not Acceptable) 255 Fire Escape rd.
City St. Marks FL Zip Code 32355

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WARD, JAMES T PO BOX 607 ST MARKS FL 32355	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BARTLETT, CHARLES E 205 N DELLVIEW DR TALLAHASSEE FL 32303	☑ Delete	mgrm. Christopher A. Vaillancourt POBox 607 St. Marks, FL. 32355	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LINTON, CHRISTOPHER PO BOX 122 ST MARKS FL 32355	☑ Delete	mgrm. Robert S. McCarthy 73 Shell Island rd. St. Marks, FL. 32355	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ January 31, 2007 850 5285119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #