2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT # L04000047510

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 14 AM 11:48

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 (10/07)

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

WARD, JAMES T
255 FIRE ESCAPE RD
SAINT MARKS FL 32355

7. Name and Address of New Registered Agent

Name David Vaillancourt

Street Address (P.O. Box Number is Not Acceptable) 314 QUAIL RUN

City Crawfordville FL Zip Code 32327

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 James T. Ward 3-13-08
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
Make Check Payable to Florida Department of State

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM David Vaillancourt P.O. Box 314 Crawfordville, FL. 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VALLANCOURT, CHRISTOPHER A PO BOX 607 SAINT MARKS FL 32355	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MCCARTHY, ROBERT S 736 SHELL ISLAND RD ST MARKS FL 32355	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000121200368 03/25/08--01024--022 **138.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: James T. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #