2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051401

1. Entity Name
B & D CONSTRUCTION & SERVICES LLC

FILED
07 MAY -4 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
412 MAGNOLIA DRIVE TALLAHASSEE, FL 32301	PO BOX 3350 TALLAHASSEE, FL 32315-3350 BK

05042007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1112 S. Magnolia DR. Bld #S204	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tallahassee FL	
City & State	City & State
32301 LEON	
Zip / Country	Zip / Country

4. FEI Number 43-0616891 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DLADLA, MARIA 412 MAGNOLIA DRIVE TALLAHASSEE, FL 32301	Name MARIA DLADLA Street Address (P.O. Box Number is Not Acceptable) 1112 S. Magnolia DR Bld #S204 Tallahassee FL 32301 City FL Zip Code

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

Filing Fee is $50.00
Due by September 14, 2007

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DLADLA, MARIA 412 MAGNOLIA DRIVE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600102195036 05/11/07--01007--013 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOYLAND, MICHELLE 4708 LARAMIE SKY DR. COLORADO SPRINGS, CO 80922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BERLIN, MIKE 11775 MAHAN DR TALLAHASSEE, FL 32309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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 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: DLADLA 5/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #