


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000071583 1. Entity Name FROM THE GROUND UP CONST., LLC	
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Principal Place of Business 62 QUAPAW ST. CRAWFORDVILLE, FL 32327	Mailing Address 62 QUAPAW ST. CRAWFORDVILLE, FL 32327
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DO NOT WRITE IN THIS SPACE



03142007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1101935	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, KENNETH R
62 QUAPAW ST
CRAWFORDVILLE, FL 32327**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, KENNETH R 62 QUAPAW ST. CRAWFORDVILLE, FL 32327
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04/18/07-80005-021 55.00

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: *Kenneth R. Davis* **Kenneth R. Davis** **4-7-07** **850-321-9675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #