


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90258 049 ****50.00

DOCUMENT # L05000007362

1. Entity Name
BURNHAM PAVING & STRIPING, LLC



Principal Place of Business
6600 HWY 20 EAST
FREERPORT, FL 32439 US

Mailing Address
6600 HWY 20 EAST
FREERPORT, FL 32439 US

2. Principal Place of Business - No P.O. Box #
4156 Hwy 20 East
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 207
 Suite, Apt. #, etc.

City & State
Freeport, FL

City & State
Freeport, FL

Zip
32439

Country
Walton

Zip
32439

Country
Walton

05022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2221835

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
BURNHAM, JASON C
23 DRIFTED SAND CT
FREERPORT, FL 32439

7. Name and Address of New Registered Agent

Name
Jason C. Burnham

Street Address (P.O. Box Number is Not Acceptable)
6600 Hwy 20 East

City
Freeport

FL Zip Code
32439

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 Jason C. Burnham (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BURNHAM, JASON C 23 DRIFTED SAND CT FREERPORT, FL 32439 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Jason C. Burnham 6600 Hwy 20 East Freeport, FL 32439 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BURNHAM, WILLARD C JR. 157 TOURNAMENT LN FREERPORT, FL 32439 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BURNHAM, KENNETH E 15929 HWY 81 BRUCE, FL 32455 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BURNHAM, ARCHIE G 15929 HWY 81 BRUCE, FL 32455 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Jason C. Burnham 5/1/07 850-835-1833
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

60028130

