


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90009 008 ***538.75

DOCUMENT # L05000007362					
1. Entity Name BURNHAM PAVING & STRIPING, LLC					
Principal Place of Business 4156 HWY 20 EAST FREEPORT, FL 32439 US			Mailing Address P.O. BOX 207 FREEPORT, FL 32439 US		
2. Principal Place of Business - No P.O. Box # 6600 Hwy 20 East		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07292008 Chg-LLC CR2E083 (12/06)	
City & State Freeport, FL		City & State		4. FEI Number 20-2221835	
Zip 32439		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNHAM, JASON C 6600 HWY 20 EAST FREEPORT, FL 32439			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 <u><i>Jason C. Bill</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>7/29/08</u>	
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, JASON C		NAME		
STREET ADDRESS	6600 HWY 20 EAST		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, WILLARD C JR.		NAME	Burnham, Willard C Jr.	
STREET ADDRESS	157 TOURNAMENT LN		STREET ADDRESS	6600 Hwy 20 East	
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP	Freeport, FL 32439	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, KENNETH E		NAME		
STREET ADDRESS	15929 HWY 81		STREET ADDRESS		
CITY-ST-ZIP	BRUCE, FL 32455		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, ARCHIE G		NAME	Burnham, Archie G	
STREET ADDRESS	15929 HWY 81		STREET ADDRESS	7810 E Hwy 20	
CITY-ST-ZIP	BRUCE, FL 32455		CITY-ST-ZIP	Youngstown, FL 32466	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Jason C. Bill</i></u>				DATE <u>7/29/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	