2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 18, 2006
Secretary of State

DOCUMENT# L05000010029

Entity Name: S&G CONSTRUCTION LLC

Current Principal Place of Business:

1107 OWENS AVE.
CARRABELLE, FL 32322 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 940
CARRABELLE, FL 32322 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLENDER, GARRY J
OWENS AVE.
1107
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MILLENDER, GARRY J
Address: 1107 OWENS AVE.
City-St-Zip: CARRABELLE, FL 32322 US

Title: MGRM ( ) Delete
Name: WESTBROOK, SAM
Address: 610 S.E. 3 ST
City-St-Zip: CARRABELLE, FL 32322 US

Title: MGRM (X) Delete
Name: JOHNS, ROYCE
Address: 2521 HWY 67 NORTH
City-St-Zip: CARRABELLE, FL 32322 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: DAUGHTRY, SHANNON
Address: 207 W. 3RD STREET
City-St-Zip: CARRABELLE, FL 32322 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARRY MILLENDER MR 07/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date