

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020827

Entity Name: WALLACE BUILT LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

16900 NE 148 TERR RD
FT. MCCOY, FL 32134 US

New Principal Place of Business:

Current Mailing Address:

16900 NE 148 TERR RD
FT. MCCOY, FL 32134 US

New Mailing Address:

FEI Number: 33-1112720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROMINE, DAX A
16900 NE 148 TERR RD
FT. MCCOY, FL 32134 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: ROMINE, DAX A
Address: 16900 NE 148TH TERR RD
City-St-Zip: FT. MCCOY, FL 32134 US

Title: MGR (X) Delete
Name: ROMINE, MARTIN A
Address: 16900 NE 148TH TERRACE ROAD
City-St-Zip: FT. MCCOY, FL 32134 US

Title: MGRM () Delete
Name: RIEHLE, DANIEL
Address: 16900 NE 148TH TERRACE ROAD
City-St-Zip: FT. MCCOY, FL 32134

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAX A. ROMINE

PRES

05/02/2007

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