

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026668

FILED
Aug 24, 2007
Secretary of State

Entity Name: JASON T. HALL CONST., LLC.

Current Principal Place of Business:

4815 WOODLANE CR.
SUITE 100
TALLAHASSEE, FL 32303 US

Current Mailing Address:

4815 WOODLANE CR.
SUITE 100
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

5281 TOWER RD.
SUITE B-5
TALLAHASSEE, FL 32303 US

New Mailing Address:

5281 TOWER RD.
SUITE B-5
TALLAHASSEE, FL 32303 US

FEI Number: 58-9461852 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:

HALL, JASON T
4815 WOODLANE CR.
SUITE 100
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

HALL, JASON T
5281 TOWER RD.
SUITE B-5
TALLAHASSEE, FL 32303 US

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: JASON TIMOTHY HALL

08/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HALL, JASON T
Address: 4815 WOODLANE CR. SUITE 100
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HALL, JASON T
Address: 5281 TOWER RD. SUITE B-5
City-St-Zip: TALLAHASSEE, FL 32303 US

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: JASON TIMOTHY HALL

MGR

08/24/2007

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