2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Sep 07, 2006 8:00 am Secretary of State **DOCUMENT # L05000027251** 09-07-2006 90037 009 ***150 00 RONALD BROUGHTON JR. CONSTRUCTION, LLC Principal Place of Business Mailing Address 43931 KEEN CEMETARY RD 43931 KEEN CEMETARY RD CALLAHAN, FL 32011 CALLAHAN, FL 32011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09052006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROUGHTON, RONALD JR Street Address (P.O. Box Number is Not Acceptable) 43931 KEEN CEMETARY RD CALLAHAN, FL 32011 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. (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable. Filing Fee Is \$50.00 Due by September 15, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR Delete TITLE ☐ Change Addition BROUGHTON, RONALD JR NAME NAME STREET ADDRESS 43931 KEEN CEMETARY RD STREET ADDRESS CITY-ST-ZIP CALLAHAN, FL 32011 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ 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: NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED