


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90221 035 ****50.00

DOCUMENT # L05000044430

1. Entity Name
TOMMY GRANTHAM CONSTRUCTION CO. LLC



Principal Place of Business
**3009 AIRPORT ROAD
 CRESTVIEW, FL 32539**

Mailing Address
**P.O. BOX 1082
 CRESTVIEW, FL 32536**

2. Principal Place of Business
3009 Airport Road

3. Mailing Address
P.O. Box 1082

Suite, Apt. #, etc.

City & State
Crestview Fla


City & State
Crestview Fla

Zip
32539

Country
Alabousa

Zip
32536

Country
Okaloussa



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
06-1745990

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRANTHAM, TOMMY H
 3009 AIRPORT ROAD
 CRESTVIEW, FL 32539**

7. Name and Address of New Registered Agent

Name
Grantham Tommy H.

Street Address (P.O. Box Number is Not Acceptable)
3009 Airport Road

City
Crestview

FL Zip Code
32539

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

No Change

SIGNATURE **Tommy H. Grantham** DATE **2-22-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANTHAM, TOMMY H P.O. BOX 1082 CRESTVIEW, FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANTHAM, PATRICIA A P.O. BOX 1082 CRESTVIEW, FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Tommy H. Grantham** DATE **2-22-06** Daytime Phone # **(850)682-9070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE