


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
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2. Principal Place of Business 3009 Airport Road	3. Mailing Address P.O. Box 1082
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crestview Fla	City & State Crestview Fla
Zip 32539	Country OKaloussa
Country OKaloussa	Zip 32536

	
01112006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 06-1745990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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.	
SIGNATURE Tommy H. Grantham DATE 2-22-06	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 (850)682-9070
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	