


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

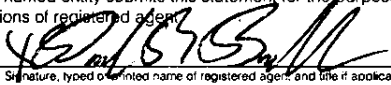
DOCUMENT # L05000044617		
1. Entity Name BAULDREE CONSTRUCTION, LLC		

Principal Place of Business 428 GOODWIN RD DEFUNIAK SPRINGS, FL 32435 US	Mailing Address 428 GOODWIN RD DEFUNIAK SPRINGS, FL 32435 US
--	--

2. Principal Place of Business - No P.O. Box # 5687 U.S. Hwy 331 S Suite, Apt. #, etc. Lot #26	3. Mailing Address 5687 U.S. Hwy. 331 S Suite, Apt. #, etc. Lot #26
--	---

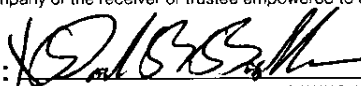
City & State Defuniak Spgs. FL	City & State Defuniak Spgs. FL	4. FEI Number 20-2776819	Applied For Not Applicable
Zip 32433	Country U.S.	Zip 32433	Country U.S.

6. Name and Address of Current Registered Agent BAULDREE, DAVID R 428 GOODWIN RD DEFUNIAK SPRINGS, FL 32435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5687 U.S. Hwy. 331 S Lot #26 City & State Defuniak Spgs. FL 32433	
--	--	---	--

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.	
SIGNATURE 	DATE 11-2-07

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAULDREE, DAVID R 428 GOODWIN RD DEFUNIAK SPRINGS, FL 32435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5687 U.S. Hwy. 331 S Lot #26 Defuniak Spgs., FL 32433 <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	200111991382 11/05/07--01017--009 **50.00 <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
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
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
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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 11-2-07 Date Daytime Phone #

FILED

07 NOV -6 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11022007 REIN-LLC CR2E101 (1/07)

REINSTATEMENT  
2007