

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046397

FILED
Jan 12, 2006
Secretary of State

Entity Name: BURDICK CONSTRUCTION LLC

Current Principal Place of Business:

668 US HIGHWAY 331 NORTH
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

668 US HIGHWAY 331 NORTH
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 20-2817931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURDICK, EDWARD L
668 US HWY 331 NORTH
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURDICK, EDWARD L
Address: 668 US HWY 331 N
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM (X) Delete
Name: GOMILLION, BILLY
Address: 668 US HIGHWAY 331 NORTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM () Delete
Name: KILHEFNER, BRYAN ERIC
Address: 668 US HIGHWAY 331 NORTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD BURDICK

MGRM

01/12/2006

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