


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90012 005 \*\*\*\*50.00

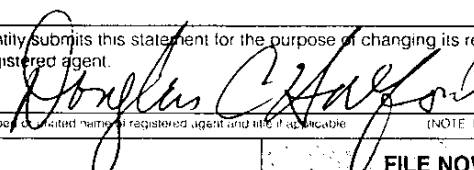
<b>DOCUMENT # L05000050670</b>	
1. Entity Name <b>DAKOTA CONSTRUCTION OF NORTHWEST FLORIDA, L.L.C.</b>	

Principal Place of Business <b>24 WEST CHASE STREET PENSACOLA FL 32502</b>	Mailing Address <b>24 WEST CHASE STREET PENSACOLA FL 32502</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent <b>LOZIER, DANIEL R 24 WEST CHASE STREET PENSACOLA FL 32502</b>		7. Name and Address of New Registered Agent Name <b>HALFORD, DOUGLAS C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>24 N. TARRAGONA ST.</b> City <b>PENSACOLA</b> FL <b>32502</b>	
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 <b>7/19/07</b>	

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HALFORD, DOUGLAS C 220 S. PALAFOX STREET PENSACOLA FL 32502</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HALFORD, DOUGLAS C. 24 N. TARRAGONA ST. PENSACOLA, FL 32502</b> <input checked="" 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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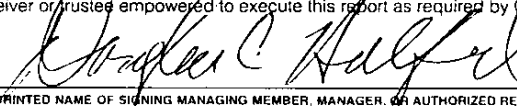
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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:**

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

Date

Daytime Phone #

 **7/19/07 850-433-0577**