

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063337

FILED
Apr 24, 2007
Secretary of State

Entity Name: COX CONSTRUCTION COMPANY, LLC

Current Principal Place of Business:

57 SHADOW OAK CIRCLE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

157 SHADOW OAK CIRCLE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

57 SHADOW OAK CIRCLE
CRAWFORDVILLE, FL 32327

New Mailing Address:

157 SHADOW OAK CIRCLE
CRAWFORDVILLE, FL 32327

FEI Number: 20-3062331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, KESZIA
57 SHADOW OAK CIRCLE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

COX, KESZIA
157 SHADOW OAK CIRCLE
CRAWFORDVILLE, FL 32327 US

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: KESZIA COX

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COX, WILLIAM P
Address: 57 SHADOW OAK CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COX, WILLIAM P
Address: 157 SHADOW OAK CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM P COX

MGR

04/24/2007

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