2006 LIMITED LIABILITY COMPANY

May 03, 2006 8:00 am Secretary of State ANNUAL REPORT 04-17-2006 90054 034 ****55.00 **DOCUMENT # L05000064575** 1. Entity Name MO'CONSTRUCTION, L.L.C. Principal Place of Business Mailing Address 30006899 **380 LURTON STREET 380 LURTON STREET** PENSACOLA, FL 32505 PENSACOLA, FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3082822 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Z. 6.-Name and Address of Current Registered Agent--7.- Name and Address of New Registered Agent-JAMES, CHARLES F IV Street Address (P.O. Box Number is Not Acceptable) 125 WEST ROMANA STREET, SUITE 800 PENSACOLA, FL 35202 Zio Code 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 Spinaure, typed or protect name of registered agent and late it applicable. (NOTE: Registered Agent agnature required when reinstating) Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MgR Moulton Properties, Inc. 380 Lurton Street Pensacolo, FL 32505 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE Ocicia ☐ Change ☐ Addition NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-SI-7P MILE Deleta TITLE ☐ Change Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-7P Delete TITLE ■ Addition NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

MANAGINO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

41000

80-438-5255

FILED