

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086482

FILED
Feb 04, 2006
Secretary of State

Entity Name: SOUTHERN STAR CONSTRUCTION COMPANY, LLC

Current Principal Place of Business:

359 LELAND DRIVE
ISLAND ESTATES
NORTH FT. MYERS, FL 33917 US

New Principal Place of Business:

359 ELAND DRIVE
ISLAND ESTATES
NORTH FT. MYERS, FL 33917 US

Current Mailing Address:

359 LELAND DRIVE
ISLAND ESTATES
NORTH FT. MYERS, FL 33917 US

New Mailing Address:

359 ELAND DRIVE
ISLAND ESTATES
NORTH FT. MYERS, FL 33917 US

FEI Number: 20-3572176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZERKLE, ROBERT
359 LELAND DRIVE
ISLAND ESTATES
NORTH FT. MYERS, FL 33917 US

Name and Address of New Registered Agent:

ZERKLE, ROBERT
359 ELAND DRIVE
ISLAND ESTATES
NORTH FT. MYERS, FL 33917 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: ROBERT ZERKLE

02/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZERKLE, ROBERT
Address: 359 LELAND DRIVE, ISLAND ESTATES
City-St-Zip: NORTH FT. MYERS, FL 33917 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZERKLE, ROBERT
Address: 359 ELAND DRIVE, ISLAND ESTATES
City-St-Zip: NORTH FT. MYERS, FL 33917 US

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: ROBERT ZERKLE

MGR

02/04/2006

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