

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086482

FILED  
Jan 15, 2008  
Secretary of State

**Entity Name:** SOUTHERN STAR CONSTRUCTION COMPANY, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

409 WINDERMERE DRIVE  
LEHIGH ACRES, FL 33972 US

**Current Mailing Address:**

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

**New Mailing Address:**

409 WINDERMERE DRIVE  
LEHIGH ACRES, FL 33972 US

FEI Number: 20-3572176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ZERKLE, ROBERT  
409 WINDERMERE DRIVE  
LEHIGH ACRES, FL 33972 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:

01/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ZERKLE, ROBERT  
Address: 409 WINDEREMERE DRIVE  
City-St-Zip: LEHIGH ACRES, FL 33972 US

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: ROBERT ZERKLE

MGMR

01/15/2008

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