

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000089511 1. Entity Name LAIRD CONSTRUCTION SERVICES LLC	
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Principal Place of Business 921 COUNTY HIGHWAY 185 DE FUNIAK SPRINGS, FL 32433	Mailing Address 921 COUNTY HIGHWAY 185 DE FUNIAK SPRINGS, FL 32433
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01252007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3667632	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAIRD, CYRUS WYNDOL 921 COUNTY HIGHWAY 185 DE FUNIAK SPRINGS, FL 32433

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAIRD, CYRUS WYNDOL 921 COUNTY HIGHWAY 185 DE FUNIAK SPRINGS, FL 32433
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<p>U000000625012 02/14/07-80058-018 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Wyndol Laird Cyrus Wyndol Laird 2-5-07 850-859-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #