2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 02, 2007 08:00 AM DOCUMENT # L05000092151 1. Entity Name **Secretary of State** BALDRY CONSTRUCTION LLC Principal Place of Business Mailing Addross 353 KENT MILL POND RD CHIPLEY FL 32428 353 KENT MILL POND RD CHIPLEY FL 32428 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E083 (10/06) City & Stato City & Stato 4. FEI Number Applied For 20-3487171 Not Applicable Ζφ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALDRY, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 353 KENT MILL POND RD CHIPLEY FL 32428 City Zip 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 Signature, typed or printed name of registered agent and tills if applicable. (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 U00000619347 Make Check Payable to Florida Department of State 02/08/07-80067-022 50.00 Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. THE MGR Delete TITLE ☐ Change ☐ Addition NAME BALDRY, ROBERT H NAME STREET ADDRESS STREET ADDRESS 353 KENT MILL POND RD CHTY - ST - ZHP CITY-ST-ZIP CHIPLEY FL 32428 ☐ Defete THE Change ☐ Addition STRUET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ШЩ ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HE Delete ☐ Change ☐ Addition THE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustoe empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

NAME

STREET ADDRESS

CHTY-ST-ZIP

SIGNATURE: Robert H. Buldy Just H Buldy 2/1/07 (850)527-4430
BIGNATURE AND TYPED OR PRINTED NAME OF BIONING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Days Prome 1