2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Jan 31, 2008 08:00 AN DOCUMENT # L05000092151 1. Entity Name **Secretary of State** BALDRY CONSTRUCTION LLC Principal Place of Business Mailing Address 353 KENT MILL POND RD 353 KENT MILL POND RD CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt # etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-3487171 Not Applicable Zip 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 primed name of rog stered agont and the 4 appropriate (NOTE: Registered Agent's gration required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Addition Delete Change NAME BALDRY, ROBERT H 000000806208 02/06/08-80033-005 138.75 STREET ADDRESS 353 KENT MILL POND RD STREET ADDRESS CITY - ST - ZIP CHIPLEY FL 32428 CITY-ST-ZiP TITLE Delete TITLE Change Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete HILE ☐ Change Addition NAME STHEET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ET-ZIP TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY- ST-ZIP CITY-ST-ZIP THILE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP T:TLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 in seporal as polytry by Chapter 608, Florida Statutes.