
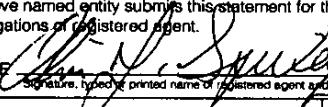
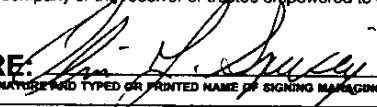


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90305 031 ****55.00

DOCUMENT # L05000092587 1. Entity Name SPIVEY BUILDING CONTRACTOR, LLC					
Principal Place of Business P. O. BOX 711 LAKELAND, FL 33849 US			Mailing Address 20251 W DOUGHTRY RD LAKELAND, FL 33810 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2090 Gibsonsia Galloway Rd Suite, Apt. #, etc.			
City & State Lakeland FL		City & State Lakeland FL		4. FEI Number 20-3500226	
Zip 33810		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIVEY, OLIN J 2025 W DAUGHTRY RD LAKELAND, FL 33810				7. Name and Address of New Registered Agent Name Olin J Spivey Street Address (P.O. Box Number is Not Acceptable) 2090 Gibsonsia Galloway Rd City Lakeland FL Zip Code 33810	
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  DATE 3-12-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIVEY, OLIN J P.O. BOX 711 LAKELAND, FL 33849	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIN J Spivey 2090 Gibsonsia Galloway Rd Lakeland FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIN J Spivey 2090 Gibsonsia Galloway Rd Lakeland FL 33810	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIN J Spivey 2090 Gibsonsia Galloway Rd Lakeland FL 33810	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIN J Spivey 2090 Gibsonsia Galloway Rd Lakeland FL 33810	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIN J Spivey 2090 Gibsonsia Galloway Rd Lakeland FL 33810	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIN J Spivey 2090 Gibsonsia Galloway Rd Lakeland FL 33810	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Date 3-12-07		Daytime Phone # 813-858-2262	