

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90242 012 ****50.00

| | |
|---|--|
| DOCUMENT # L05000094466 | |
| 1. Entity Name JOHN GILLILAND CONSTRUCTION, LLC | |



| | |
|--|--|
| Principal Place of Business 2475 BAY GROVE RD. FREEPORT, FL 32439 US | Mailing Address 2475 BAY GROVE RD. FREEPORT, FL 32439 US |
|--|--|

40043656



| | |
|---|---|
| 2. Principal Place of Business 317 Florence Dr. | 3. Mailing Address 317 Florence Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

05122006 Chg-LLC CR2E083 (11/05)

| | |
|--|--|
| City & State DeFuniak Spgs, FL | City & State DeFuniak Spgs, FL |
| Zip 32433 | Zip 32433 |
| Country U.S. | Country U.S. |

| | |
|------------------------------------|--|
| 4. Fee Number 20-3526109 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent GILLILAND, JOHN W 2475 BAY GROVE RD. FREEPORT, FL 32439 | |
|---|--|

| | |
|---|--|
| 7. Name and Address of New Registered Agent | |
| Name Gilliland, John W. | |
| Street Address (P.O. Box Number is Not Acceptable) 317 Florence Dr. | |
| DeFuniak Spgs. FL 32433 | |

| | |
|---|------------------------|
| 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 5-12-06 |

| | |
|---|--|
| Filing Fee is \$50.00 Due by September 6, 2006 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GILLILAND, JOHN W 2475 BAY GROVE RD. FREEPORT, FL 32439 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | m6B Gilliland, John W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 317 Florence Dr. DeFuniak Spgs, FL 32433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: 5-12-06 DAYTIME PHONE: 850-699-7800 |