2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096733

1. Entity Name
NOW CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
709 INDIAN HILLS ROAD MONTICELLO, FL 32344 US	709 INDIAN HILLS ROAD MONTICELLO, FL 32344 US

DO NOT WRITE IN THIS SPACE

03102007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3566803	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, NOBLE O
709 INDIAN HILLS ROAD
MONTICELLO, FL 32344

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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WILKINSON, NOBLE O
STREET ADDRESS	709 INDIAN HILLS ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	MGRM
NAME	WILKINSON, PAULA L
STREET ADDRESS	709 INDIAN HILLS ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000675480
03/30/07-80020-015 50.00

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #