2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000100042

1. Entity Name

PECAN HILLS SUBDIVISION, L.L.C.



Principal Place of Business

267 JOHN KNOX ROAD, SUITE 100 TALLAHASSEE, FL 32303

Mailing Address

267 JOHN KNOX ROAD, SUITE 100 TALLAHASSEE, FL 32303



08 FEB 12 AM 11: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

a.13.08



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CR2E083 (12/07)

4. FEI Number 59-2411180

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, ED 901 GROVELAND HILLS DRIVE TALLAHASSEE, FL 32317

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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.	l am familiar with, a	ind 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)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR W.E. WILCOX CONSTRUCTION COMPANY INC. 267 JOHN KNOX ROAD TALLAHASSEE, FL 32303 MGR GENESIS ENGINEERING AND CONSTRUCTORS CORP. 3710 NORTH MONROE STREET TALLAHASSEE, FL 32314	
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 GITY-ST-ZIP		
11. I hereby	11. I hereby certify that the information supplied with this filing does not qualify for the	

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this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and accurat limited liability company or the receiver or

SIGNATURE:

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Costme Phone #