


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90296 014 ****55.00

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DOCUMENT # L05000104513					
1. Entity Name MICHAEL MESSER CONSTRUCTION, LLC					
Principal Place of Business 398 COLLEGE AVE. DEFUNIAK SPRINGS, FL 32435 US			Mailing Address 398 COLLEGE AVE. DEFUNIAK SPRINGS, FL 32435 US		
2. Principal Place of Business <i>398 College Ave.</i>		3. Mailing Address <i>398 College Ave.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Defuniak Springs, FL</i>		City & State <i>Defuniak Springs, FL</i>		4. FEI Number 20-3684063 Applied For Not Applicable	
Zip <i>32435</i>	Country <i>USA</i>	Zip <i>32435</i>	Country <i>USA</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MESSER, MICHAEL L 398 COLLEGE AVE. DEFUNIAK SPRINGS, FL 32435			7. Name and Address of New Registered Agent Name <i>Michael L Messer</i> Street Address (P.O. Box Number is Not Acceptable) <i>398 College Ave.</i> City <i>Defuniak Springs</i> FL Zip Code <i>32435</i>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>				DATE <i>4-4-06</i>	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSER, MICHAEL L	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	398 COLLEGE AVE.			STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435			CITY-ST-ZIP	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, JOHNNY A	<i>Delete!</i>		NAME	
STREET ADDRESS	3598 COY BURGESS LOOP			STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>4-4-06</i> (800) 951-2730 Daytime Phone #	