


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-LLC CR2E083 (11/05)

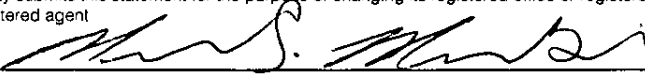
4. FEI Number 20-3684063	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSER, MICHAEL L
 398 COLLEGE AVE.
 DEFUNIAK SPRINGS, FL 32435

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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE:  DATE: 3-31-07

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MESSER, MICHAEL L 398 COLLEGE AVE. DEFUNIAK SPRINGS, FL 32435
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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: 3-31-07 DAYTIME PHONE #: (850) 951-2730

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