2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# L05000113746

Entity Name: DONALDSON CONSTRUCTION COMPANY, LLC.

Current Principal Place of Business:

517 LAKE MIRIAM DR.
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5528
LAKELAND, FL 33807

New Mailing Address:

517 LAKE MIRIAM DRIVE
LAKELAND, FL 33813

FEI Number: 20-3842886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONALDSON, ANDREW P
517 LAKE MIRIAM DR.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MNGR ( ) Delete
Name: DONALDSON, SAMUEL W
Address: 517 LAKE MIRIAM DR.
City-St-Zip: LAKELAND, FL 33813

Title: MNGR ( ) Delete
Name: DONALDSON, ANDREW P
Address: 517 LAKE MIRIAM DR.
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MNGR ( ) Change (X) Addition
Name: DONALDSON, JUNE D
Address: 517 LAKE MIRIAM DRIVE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW P DONALDSON MNGR 01/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date