2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114010

Name:

Address:

City-St-Zip:

MUSICK, JOSEPH D MR.

LAKELAND, FL 33803

1063 S. DAKOTA

Entity Name: EASTON CONSTRUCTION MANAGEMENT, LLC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 308 EAST LEMON STREET 1820 SOUTH FLORIDA AVENUE SUITE 103 LAKELAND, FL 33803 LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 331 EASTON DRIVE P.O. BOX 8725 LAKELAND, FL 33806 LAKELAND, FL 33803 FEI Number: 20-4005461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHARRETT, DANIEL E DANIEL SHARRETT, DANIEL E MR. 308 EAST LÉMON STREET 1820 SOUTH FLORIDA AVENUE SUITE 103 LAKELAND, FL 33803 LAKELAND, FL 33801 US 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: DANIEL SHARRETT 04/14/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete SHARRETT, THOMAS E MR. Name: Name: 4617 GARY AVENUE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SHARRETT, DANIEL E MR. Name: Address: 331 EASTON DRIVE Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MUSICK, MICHAEL L MR. Name: Name: 2014 BEACON BY WAY Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DANIEL SHARRETT MGRM 04/14/2009