2006 LIMITED LIABILITY COMPANY

CITY-ST-71P

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May 11, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # L05000120664 04-27-2006 90024 039 ****50 00 WILLIAM GILLEY CONSTRUCTION LLC Principal Place of Business Mailing Address 615 LEE AVE CRESTVIEW FL 32539 CRESTVIEW FL 32539 2. Principal Place of Business 6008 COBBLER 3. Mailing Address P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For CREST VIEW RESTUTEU 20-3959/10 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired OKALOOSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILLEY, WILLIAM 615 LEE AVE Street Address (P.O. Box Number is Not Acceptable) **CRESTVIEW FL 32539** City Zip Code 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Segnature. Noted as printed mains of registered inquirit inquirit and late 2 appropriate. (NOTE: Repaired Agent signature required when resistant) DATE FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGRM TITLE MGRM IIILE ☐ Addition CILLEY, WILLIAM NAME GILLEY; WILLIAM NAME STREET ADDRESS 615 LEE AVE STREET ADDRESS AO. BOX 2182 CRESTVIEW FL 32539 CITY - ST- ZIP FL 32536 CRESTUIEW TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZP CITY ST ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Add:tion NAME MAME STREET ADDRESS STREET ADDRESS

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information that I am a managing member or manager of the 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE