

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013307

FILED
Jun 14, 2007
Secretary of State

Entity Name: BALKCOM CONSTRUCTION COMPANY, LLC

Current Principal Place of Business:

104 NORTH COVE TERRACE DRIVE
PANAMA CITY, FL 32401

New Principal Place of Business:

110 NORTH COVE TERRACE DRIVE
PANAMA CITY, FL 32401

Current Mailing Address:

104 NORTH COVE TERRACE DRIVE
PANAMA CITY, FL 32401

New Mailing Address:

110 NORTH COVE TERRACE DRIVE
PANAMA CITY, FL 32401

FEI Number: 20-4281806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BALKCOM, R. LEE
104 NORTH COVE TERRACE DRIVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

BALKCOM, R. LEE
110 NORTH COVE TERRACE DRIVE
PANAMA CITY, FL 32401 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: _____

06/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BALKCOM, R. LEE
Address: 104 NORTH COVE TERRACE DRIVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BALKCOM, R. LEE
Address: 110 NORTH COVE TERRACE DRIVE
City-St-Zip: PANAMA CITY, FL 32401

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.

SIGNATURE: R, LEE BALKCOM

MGRM

06/14/2007

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