
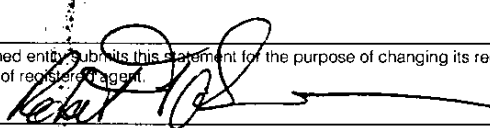
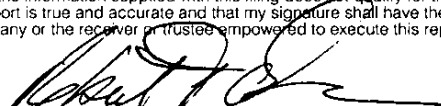


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90049 017 \*\*\*\*50.00

<b>DOCUMENT # L06000023856</b> 1. Entity Name <b>VULCAN CONSTRUCTION, LLC</b>					
Principal Place of Business <b>481 SE 1ST TERRACE POMPANO BEACH, FL 33060</b>			Mailing Address <b>481 SE 1ST TERRACE POMPANO BEACH, FL 33060</b>		
2. Principal Place of Business - No P.O. Box # <b>Same as above</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same as above</b> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>43-2000889</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>ALVERSON, ROBERT F 481 SE 1ST TERRACE POMPANO BEACH, FL 33060</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>1/22/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ALVERSON, ROBERT F 481 SE 1ST TERRACE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ALVERSON, ROBERT F 481 SE 1ST TERRACE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ALVERSON, ROBERT F 481 SE 1ST TERRACE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ALVERSON, ROBERT F 481 SE 1ST TERRACE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
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 <b>1/22/07</b> DAYTIME PHONE # <b>800-828-3094</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					