


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90180 022 \*\*\*\*55.00

<b>DOCUMENT # L06000030779</b>	
1. Entity Name HLH CONSTRUCTORS OF FLORIDA LLC	

60016049



Principal Place of Business 25227 NE EVANS STREET ALTHA, FL 32421	Mailing Address P. O. BOX 92 PANAMA CITY, FL 32402
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address P.O. Box 517 Suite, Apt. #, etc.
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02132007 Chg-LLC CR2E083 (12/06)

City & State Panama City, FL	4. FEI Number 20-4586609	Applied For Not Applicable
Zip 32402	Country USA	

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLS, STEPHANIE A 25227 NE EVANS STREET ALTHA, FL 32421	
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7. Name and Address of New Registered Agent Name Stephanie Mills Powell Street Address (P.O. Box Number is Not Acceptable) 25227 NE Evans Street City Altha FL Zip Code 32421	
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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 <u>Stephanie Mills Powell</u> DATE <u>2/14/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, BENJAMIN K 25227 NE EVANS STREET ALTHA, FL 32421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRELLSON, HARRELL L 15375 FLEMMING ROAD BAY MINETTE, AL 36507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Benjamin K. Powell</u> <u>850-272-7891</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <u>2/13/07</u> <small>Daytime Phone #</small>	
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