
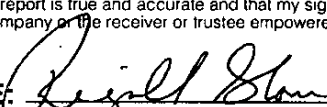


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000064559</b> 1. Entity Name <b>GLOVERS CONSTRUCTION, LLC</b>			
Principal Place of Business <b>643 MARKIM ROAD</b> <b>WOODVILLE, FL 32362 US</b>		Mailing Address <b>643 MARKIM ROAD</b> <b>WOODVILLE, FL 32362 US</b>	
2. Principal Place of Business - No P.O. Box # <b>643 Markim road</b> Suite, Apt. #, etc.		3. Mailing Address <b>643 Markim road</b> Suite, Apt. #, etc.	
City & State <b>Woodville, Fl.</b> Zip <b>32305</b>		City & State <b>Woodville, Fl.</b> Zip <b>32305</b>	
4. FEI Number <b>01-0871082</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLOVER, REGINALD</b> <b>643 MARKIM ROAD</b> <b>WOODVILLE, FL 32362</b>		7. Name and Address of New Registered Agent Name <b>Glover, Reginald</b> Street Address (P.O. Box Number is Not Acceptable) <b>643 Markim road</b> City <b>Woodville, Fl.</b> FL Zip Code <b>32305</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>BK</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 GLOVER, REGINALD 643 MARKIM ROAD WOODVILLE, FL 32362	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLOVER, THOMECA L 643 MARKIM ROAD WOODVILLE, FL 32362	<input type="checkbox"/> Delete	MGR Glover, Reginald 643 Markim road Woodville, Fl. 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	MGR Glover, Thomeca L 643 Markim road Woodville, Fl. 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	600103922436 05/05/07--01051--026 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.			
<b>SIGNATURE:</b> 		Date <b>5/30/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

**FILED**

07 MAY 30 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05302007 Chg-LLC CR2E083 (12/06)