## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L06000067354  1. Entity Name PERTREE CONSTRUCTORS OF MISSISSIPPI, LLC						04-30-2007 9	90066 02	28 ****50	0.00
Principal Plac	e of Business	Mailing Address							
1800 33RD STREET, SUITE 200 1800 33RD STREET, SUITE ORLANDO, FL 32839 ORLANDO, FL 32839				0	-				
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4. FEI Number 83-046				oplied For	
Zip	Country	Zip	Count	try	<del>-</del>	of Status Desired		\$5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New Re			
				Name				-	
INTRASTATE REGISTERED AGENT CORPORATION 200 S. ORANGE AVENUE			Ì	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 260	00 ), FL 32801		ŀ			· · · · · · · · · · · · · · · · · · ·			
	, 1 2 32001			City				Zip Cod	
O The share				•	····		FL		
the obligati	named entity submits this statement fo ions of registered agent.	¶ the purpose of changing its r	egistere	d office or registe	ered agent, or both	, in the State of Flori	ida. I am f	amiliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent:	and title if applicable. (NOTE:	Registered	Agent signature require	(Owhen reinstating)		DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	i Agent signature require	id when reinstating}	5,	DATE		· · · · · · · · · · · · · · · · · · ·
Fi Di	ling Fee is \$50.00 ue by May 1, 2007	and trile if applicable. (NOTE:	Registerec	Agent signaturs require	d when reinstating)		check p	ayable to ent of State	•
Fí Di	ling Fee is \$50.00		Registered	Agent signaturs require	d when reinstating}		check p Departme		9
9.	ling Fee is \$50.00 ue by May 1, 2007			MG	RM	ADDITIONS/C	check p Departme		<b>9</b>
9. TITLE NAME	ling Fee is \$50.00 ue by May 1, 2007	RS/MANAGERS	10. TITLE NAME	MG Ow	RM ens, Andr	ADDITIONS/C	check p Departme	ent of State	· · · · · · · · · · · · · · · · · · ·
9.	ling Fee is \$50.00 ue by May 1, 2007	RS/MANAGERS	10. TITLE NAME STREE	MG Ow	RM ens, Andr 6 Wekiva	ADDITIONS/C ew D. Landing Dr	check popertme	ent of State	· · · · · · · · · · · · · · · · · · ·
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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: X
SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/67 407-736-4147