

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007074

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** CONSTANTINE CONSTRUCTORS, LLC

**Current Principal Place of Business:**

2004 LEWIS TURNER BOULEVARD  
SUITE B  
FT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

2004 LEWIS TURNER BOULEVARD  
SUITE B  
FT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 20-8277164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIZER, JAMES P JR  
2004 LEWIS TURNER BOULEVARD  
SUITE B  
FT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARSHALL, DAVID G  
Address: 921 DENTON BLVD APT 401  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: MGRM ( ) Delete  
Name: KIZER, JAMES P P.E.  
Address: 2552 HOLLEY PLACE  
City-St-Zip: NAVARRE, FL 32564

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES P. KIZER, JR. P.E.

MGRM

04/29/2009

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