2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L07000083646

Entity Name: CLAUDE MCGILL CONSTRUCTION & WOODWORKS, LLC

Current Principal Place of Business:

4173 HIGHWAY 71 NORTH
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

4173 HIGHWAY 71 NORTH
WEWAHITCHKA, FL 32465 US

New Mailing Address:

FEI Number: 41-2252862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGILL, CLAUDE
4173 HIGHWAY 71 NORTH
WEWAHITCHKA, FL 32465 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: MCGILL, CLAUDE
Address: 4173 HIGHWAY 71 NORTH
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: MGR ( ) Delete
Name: MCGILL, LYNN
Address: 4173 HIGHWAY 71 NORTH
City-St-Zip: WEWAHITCKA, FL 32465 US

Title: MGRM ( ) Delete
Name: NEWSOME, RALPH
Address: 4173 HIGHWAY 71 NORTH
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: NEWSOME, RALPH
Address: 9786 SW CR 392
City-St-Zip: KINARD, FL 32449

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: CLAUDE MCGILL MGRM 04/25/2008

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