2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2009
Secretary of State

DOCUMENT# L08000073814

Entity Name: NE FLORIDA CONSTRUCTION, LLC

Current Principal Place of Business:

9536 ARMELLE WAY
UNIT #6
JACKSONVILLE, FL 32257

New Principal Place of Business:

9670 AMARANTE CIRCLE
UNIT #12
JACKSONVILLE, FL 32257

Current Mailing Address:

9536 ARMELLE WAY
UNIT #6
JACKSONVILLE, FL 32257

New Mailing Address:

9670 AMARANTE CIRCLE
UNIT #12
JACKSONVILLE, FL 32257

FEI Number: 26-3100492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RICKETTS, CHRIS
9536 ARMELLE WAY
UNIT #6
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

RICKETTS, CHRIS
9670 AMARANTE CIRCLE
UNIT #12
JACKSONVILLE, FL 32257 US

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: _____ 05/28/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RICKETTS, CHRIS
Address: 9536 ARMELLE WAY, UNIT #6
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RICKETTS, CHRIS
Address: 9670 AMARANTE CIRCLE, UNIT #12
City-St-Zip: JACKSONVILLE, FL 32257

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: CHRIS RICKETTS MM 05/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date