


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90125 003 \*\*\*143.75

<b>DOCUMENT # M0000000223</b>	
1. Entity Name <b>HARDIN CONSTRUCTION COMPANY, LLC</b>	

Principal Place of Business <b>1380 WEST PACES FERRY ROAD, N.W. ATLANTA, GA 30327</b>	Mailing Address <b>1380 WEST PACES FERRY ROAD, N.W. ATLANTA, GA 30327</b>
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2. Principal Place of Business - No P.O. Box # <i>3301 Windy Ridge Parkway</i>	3. Mailing Address <i>3301 Windy Ridge Parkway</i>
Suite, Apt. #, etc. <i>Suite 400</i>	Suite, Apt. #, etc. <i>Suite 400</i>
City & State <i>Atlanta, GA</i>	City & State <i>Atlanta, GA</i>
Zip <i>30339-5618</i>	Zip <i>30339-5618</i>
Country	Country



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>58-2508225</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE HARDIN GROUP, LLC <input type="checkbox"/> Delete 1380 WEST PACES FERRY ROAD, NW ATLANTA, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3301 Windy Ridge Parkway</i> <i>Atlanta, GA 30339-5618</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACHMAN, STEPHEN C <input type="checkbox"/> Delete 1380 WEST PACES FERRY ROAD, NW ATLANTA, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAIR, CARL M <input type="checkbox"/> Delete 1380 WEST PACES FERRY ROAD, NW ATLANTA, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM O'HARA, JOHN P <input type="checkbox"/> Delete 1380 WEST PACES FERRY ROAD, NW ATLANTA, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TRAEGER, JEFFREY R <input type="checkbox"/> Delete 1380 WEST PACES FERRY ROAD, NW ATLANTA, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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.

**SIGNATURE:** *[Signature]* **1/9/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #