2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 17,.2005 08:00 AM **Secretary of State**

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1. Entity Name

ARLINGTON CONSTRUCTION SERVICES, LLC



Principal Place of Business

2117 2ND AVE N BIRMINGHAM, AL 35203 Mailing Address

2117 2ND AVE N

BIRMINGHAM, AL 35203



02142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 63-1228390

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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The above named entity submits this statem.	ent foi	r the purpo	se of	f changing it	s registe	red office a	ir registered a	agent, or both,	in the State of Florida	I am familiar with,	and accept
the obligations of registered agent.		- 7					-	-			
	•	** .		***				:			

SIGNATURE -

Signature, typed of printed name of registered agent and title if applicable

(NOTE: Registered Agent signsture required When reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING N	VEMBERS/MANAGERS	
TITLE	MGRM	:	
NAME	HULSEY, WILLIAM C		
STREET ADDRESS	2117 2ND AVE N		
CITY-ST-ZIP	BIRMINGHAM, AL 35203		
TITLE	MGRP	1	
NAME	WESTER, ROY		
STREET ACCRESS	2117 2ND AVE NORTH		
CITY-ST-ZIP	BIRMINGHAM, AL 35203		
IITLE	MGRV	 ,	
NAME	LAZENBY, HUGH		
STREET ADDRESS	2117 2ND AVE NORTH	·	1
CITY-ST-ZIP	BIRMINGHAM, AL 35203		
TITLE	MGRV	-	
NAME	DANIEL, WILLIAM C		
STREET ADDRESS	2117 2ND AVE NORTH		
CITY-ST-ZIP	BIRMINGHAM, AL 35203		
TITLE	MGRV ⁼	e.71	
NAME	GRAEVE, KENT		
STREET ADDRESS	2117 2ND AVE NORTH	-	
CITY+ST-ZIP	BIRMINGHAM, AL 35203		
TITLE	· · · · · · · · · · · · · · · · · · ·	7	
NAME !			
STREET ADDRESS			
CITY-ST-ZIP			

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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath. That I am a managing member or manager of the imitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

Daytime Phone #