

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000002861**

**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**



04282006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 63-1228390	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>HULSEY, WILLIAM C</b>
<b>STREET ADDRESS</b>	<b>2117 2ND AVE N</b>
<b>CITY-ST-ZIP</b>	<b>BIRMINGHAM, AL 35203</b>
<b>TITLE</b>	<b>MGRP</b>
<b>NAME</b>	<b>WESTER, ROY</b>
<b>STREET ADDRESS</b>	<b>2117 2ND AVE NORTH</b>
<b>CITY-ST-ZIP</b>	<b>BIRMINGHAM, AL 35203</b>
<b>TITLE</b>	<b>MGRV</b>
<b>NAME</b>	<b>LAZENBY, HUGH</b>
<b>STREET ADDRESS</b>	<b>2117 2ND AVE NORTH</b>
<b>CITY-ST-ZIP</b>	<b>BIRMINGHAM, AL 35203</b>
<b>TITLE</b>	<b>MGRV</b>
<b>NAME</b>	<b>DANIEL, WILLIAM C</b>
<b>STREET ADDRESS</b>	<b>2117 2ND AVE NORTH</b>
<b>CITY-ST-ZIP</b>	<b>BIRMINGHAM, AL 35203</b>
<b>TITLE</b>	<b>MGRV</b>
<b>NAME</b>	<b>GRAEVE, KENT</b>
<b>STREET ADDRESS</b>	<b>2117 2ND AVE NORTH</b>
<b>CITY-ST-ZIP</b>	<b>BIRMINGHAM, AL 35203</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/13/06-80097-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

**4/28/06** **205-328-9600**  
Date Daytime Phone #