

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003382

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: CONECUH BRIDGE AND ENGINEERING, LLC

**Current Principal Place of Business:**

249 PIKE CO. LAKE ROAD  
TROY, AL 36081

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 129  
TROY, AL 36081

**New Mailing Address:**

FEI Number: 05-0557591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOVALL, GARY  
1301 VERMONT AVE  
LYNN HAVEN, FL 32444 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: POLLARD, JEFF  
Address: 1041 RIDGELAND FARM ROAD  
City-St-Zip: MONTGOMERY, AL 36105

Title: MGR ( ) Delete  
Name: FRIDAY, TOMMY C  
Address: 7135 A1A HWY 87  
City-St-Zip: TROY, AL 36079

Title: MGR ( ) Delete  
Name: MURPHY, FRANK  
Address: 431 SOUTH COLLEG ST  
City-St-Zip: TROY, AL 36081

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFF POLLARD

MR.

01/08/2007

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