


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90175 010 ****55.00

DOCUMENT # M04000000637	
1. Entity Name AMERWEST BUILDING COMPANY, LLC	

Principal Place of Business 700 CROWN INDUSTRIAL CT SUITE E CHESTERFIELD, MO 63005	Mailing Address 700 CROWN INDUSTRIAL CT SUITE E CHESTERFIELD, MO 63005
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2. Principal Place of Business - No P.O. Box # 19 Kassebaum Lane Suite, Apt. #, etc.	3. Mailing Address P.O. Box 274 Suite, Apt. #, etc.
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City & State St. Louis, MO	City & State O'Fallon, MO
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Zip 63129	Country	Zip 63366	Country
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03052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0383371	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent METZGER, JOHN T ESQ REID, METZGER & BERNHARDT P.A. 250 AUSTRALIAN AVE SO STE. 700 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) McDonald Hopkins Co., PA 505 S. Flagler Drive Suite 300 City West Palm Beach FL Zip Code 33401
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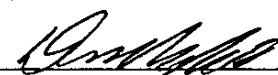
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRASWELL, DAVID 700 CROWN INDUSTRIAL COURT STE E CHESTERFIELD, MO 63005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINDLEY, STU 700 CROWN INDUSTRIAL COURT STE E CHESTERFIELD, MO 63005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	MGRM Dan Mayfield 1352 Rintshire Lane Lake St. Louis, MO 63367 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Todd W. Mayfield 614 Lauterbur Lane Champaign, IL 61822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 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:  Dan Mayfield	Date 3/18/07 (564) 684-2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	