

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004727

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: KIRKMAN CONSTRUCTION, LLC

## Current Principal Place of Business:

404 HWY 11 & 80 EAST  
MERIDIAN, MS 39301

## New Principal Place of Business:

406 HWY 11 & 80 EAST  
MERIDIAN, MS 39301

## Current Mailing Address:

404 HWY 11 & 80 EAST  
MERIDIAN, MS 39301

## New Mailing Address:

P.O. BOX 2105  
MERIDIAN, MS 39302

FEI Number: 41-2151236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: KIRKMAN, RICHARD  
Address: 404 HWY 11 & 80 EAST  
City-St-Zip: MERIDIAN, MS 39301

Title: CFO ( ) Delete  
Name: THRASH, JIMMY D  
Address: 404 HWY 11 & 80 EAST  
City-St-Zip: MERIDIAN, MS 39301

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KIRKMAN, RICHARD  
Address: 406 HWY 11 & 80 EAST  
City-St-Zip: MERIDIAN, MS 39301

Title: CFO (X) Change ( ) Addition  
Name: THRASH, JIMMY D  
Address: 406 HWY 11 & 80 EAST  
City-St-Zip: MERIDIAN, MS 39301

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: JIMMY D. THRASH

CFO

01/04/2007

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