2006 LIMITED LIABILITY COMPANY ANNUAL REPORT____

IOCUMENT # M05000001057

Entity Name
W. WYATT CONTRACTING, LLC

incipal Place of Business

i<mark>os eas</mark>t broadway blyd Fferson city, tn 37760 Mailing Address

803 EAST BROADWAY BLVD JEFFERSON CITY, TN 37760

FILED Jan 23, 2006 08:00 AM Secretary of State



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01092006 No Chg-LLC_

CR2E083 (11/05)

4. FEI Number 62-1867345 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TORPORATION SYSTEM TO SOUTH PINE ISLAND ROAD CANTATION, FL 33324

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në above named entity submits this :	statement for the ourpose of chanci-	ing its registered office or registers	ed agent, or both, in the State of Florida	 I am familiar with, and accept
Tip care to the tree country of the	tighterness for the parpose of entiring	ing in isgustation amore or legister.	agoin, or perint at the prote at the	a constant militaria accobt
le colligations of registered agent.	}			
to opingational or registered against	}			

NATURE

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

	MGR	,				
	FIELDEN, JOSEPH .	;				
23 8.000 (285)	P.O. BOX 369	<u> </u>	٦	-		
-81-21P	JEFFERSON CITY, TN	37760			~~	
	MGR -	ş -	-			
	WYATT, GARY W	,				
ET ADDRESS	P.O. BOX 369	:				
TIT-DP	JEFFERSON CITY, TN	37760		•		
	MGR	i	_			
	WILLIAMSON, MARK			*		
ET ADDRESS	P.O. BOX 369	(.				•
-01-L)P	JEFFERSON CITY, TN	37760				
	MGR	,				
	SUTTON, SAMUEL D	,			-	•
LINUDIESS	P.O. BOX 369	•				

JEFFERSON CITY, TN 37760

MANAGING MEMBERS/MANAGERS

U00000398151 01/30/UG-80083-U11 50.00

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Thereby 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 path; that I am a managing member or manager of the timiled liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNATURF

ADDRESS

Marker Man

Mark Williamson

1-9-06

865-475-9600

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

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