


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # M05000001196		
1. Entity Name LECRAW CONSTRUCTION, LLC		
Principal Place of Business 100 ATLANTA TECHNOLOGY CENTER, SUITE 200 1575 NORTHSIDE DRIVE, NW ATLANTA, GA 30318	Mailing Address 100 ATLANTA TECHNOLOGY CENTER, SUITE 200 1575 NORTHSIDE DRIVE, NW ATLANTA, GA 30318	



03162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2502046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROOME, STEVE
814 A1A NORTH, SUITE 305
PONTE VEDRA BEACH, FL 32082**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JULIAN LECRAW AND COMPANY, LLC
STREET ADDRESS	100 ATLANTA TECHNOLOGY CENTER, SUITE 200
CITY-ST-ZIP	ATLANTA, GA 30318

TITLE	MGR
NAME	JULIAN LECRAW AND COMPANY, LLC
STREET ADDRESS	814 A1A NORTH, SUITE 305
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/29/07-80022-019 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

Date

Daytime Phone #