2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000000922

1. Entity Name
HIS CONSTRUCTORS, LLC

Principal Place of Business	Mailing Address
7525 E. 39TH STREET, SUITE 1100 INDIANAPOLIS, IN 46226	7525 E. 39TH STREET, SUITE 1100 INDIANAPOLIS, IN 46226

01072007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0177865
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MORGAN, TERRY
STREET ADDRESS	7525 E. 39TH STREET, SUITE 1100
CITY-ST-ZIP	INDIANAPOLIS, IN 46226
TITLE	MGR
NAME	CRIDER, STEVEN
STREET ADDRESS	1900 LIBERTY DRIVE
CITY-ST-ZIP	BLOOMINGTON, IN 47403
TITLE	MGR
NAME	CRIDER, JEFFREY
STREET ADDRESS	1900 LIBERTY DRIVE
CITY-ST-ZIP	BLOOMINGTON, IN 47403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/07-80064-003 55.00

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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: Terry Morgan 1-8-07 317-541-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #