

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004979

FILED
Feb 23, 2009
Secretary of State

Entity Name: MALOUF CONSTRUCTION, LLC

Current Principal Place of Business:

972 COUNTY ROAD 473
SIDON, MS 38956

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1177
GREENWOOD, MS 389351177

New Mailing Address:

FEI Number: 20-1481436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: MALOUF, GEORGE F
Address: 972 COUNTY ROAD 473
City-St-Zip: SIDON, MS 38954

Title: MGRM () Delete
Name: HOLLIDAY, ANDREW J
Address: 972 COUNTY ROAD 473
City-St-Zip: SIDON, MS 38954

Title: CFO () Delete
Name: DAVES, JAMES R
Address: 972 COUNTY ROAD 473
City-St-Zip: SIDON, MS 38954

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES R DAVES

CFO

02/23/2009

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