2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006690

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

ROSE, GRETTA G

HARPER, BILLY

959 DR. SMITH LANE

CALVERT CITY, KY 42029

960 H. C. MATHIS DRIVE

PADUCAH, KY 42001

() Delete

(X) Delete

Entity Name: MORSEY CONSTRUCTORS, LLC

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 959 DR. SMITH LN CALVERT CITY, KY 42029 **Current Mailing Address: New Mailing Address:** P.O. BOX 558 959 DR. SMITH LN CALVERT CITY, KY 42029 CALVERT CITY, KY 42029 FEI Number: 20-5544676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: MGRM Title: MGRM () Delete (X) Change () Addition DONOHOO, MIKE Name: HARPER, BILLY Name: 959 DR. SMITH LN Address: 960 H.C. MATHIS DRIVE Address: City-St-Zip: CALVERT CITY, KY 42029 City-St-Zip: PADUCAH, KY 42001 Title: MGRM () Delete Title: () Change () Addition Name: SIENER, JASON W Name: Address: 959 DR. SMITH LANE Address: City-St-Zip: CALVERT CITY, KY 42029 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

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SIGNATURE: GRETTA ROSE MGRM 01/08/2008