

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000026

FILED
Feb 02, 2007
Secretary of State

Entity Name: GUIDEONE TAYLOR BALL CONSTRUCTION SERVICES, L.L.C.

Current Principal Place of Business:

1025 ASHWORTH ROAD
STE 300
WEST DES MOINES, IA 50265

New Principal Place of Business:

Current Mailing Address:

1025 ASHWORTH ROAD
STE 300
WEST DES MOINES, IA 50265

New Mailing Address:

FEI Number: 42-1437309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: WALLACE, JIM
Address: 1111 ASHWORTH ROAD
City-St-Zip: WEST DES MOINES, IA 50265

Title: MGRM () Delete
Name: TAYLOR, JACK
Address: 1025 ASHWORTH ROAD STE 300
City-St-Zip: WEST DES MOINES, IA 50265

Title: MGRM () Delete
Name: CARLSTROM, J. MICHAEL
Address: 1025 ASHWORTH ROAD STE 300
City-St-Zip: WEST DES MOINES, IA 50265

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 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: J. MICHAEL CARLSTROM

MGRM

02/02/2007

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