## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2005 08:00 AM Secretary of State

		L REPORT		Socrete	way of State
DOCU	MENT # M9600000	0388		secreta	ry of State
1. Entity Name					
ALLEN 8	O'HARA CONSTRUCTION	N CO., LLC			
Principal Plac	ce of Business	Mailing Address	<del></del>		
	ers club cir	3246 PLAYERS CLUB CIR,			
MEMPHIS, T	N 38125-8843	*MEMPHIS, TN 38125-8843			
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	O NOT WOIT	E IN THIS SPA	^E	04192005 No Chg-LLC CR2E	E083 (10/03)
L.	O NOT WHILE	IN THIS SPA		4. FEI Number 62-1628721	Applied For Not Applicable
		<u>.</u>		5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Ägent			ree nequired
Mark — C					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			}	DO NOT WRIT	E
			IN THIS SPACE		
		-	ļ	IN THIS STACE	***
	e named entity_submits this statement i utions of registered agent.	for the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida I am	tamiliar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE, Registere	d Agent signature required	when refrectating) DATE	
F	iling Fee is \$50.00	= -			_
מ	illing Fee is \$50.00 Due by May 1, 2005			1100000346751 04/30/05-80089	
g.	MANAGING MEME	BERS/MANAGERS			
TITLE	MGRM	y <b></b> in the state of the sta		The state of the s	
NAME STREET ADDRESS	PORTER, CLYDE C 3246 PLAYERS CLUB CIR.	٤.	i		- ye cannot be referenced to
CITY-ST-ZIP	MEMPHIS, TN 381258843				
TITLE		<del></del>		= 30 (Alas ) = 111 mar. (2011)	
NAME	}			The second secon	
STREET ADDRESS GITY-ST-ZIP	<b>,</b>				
TITLE	<del></del>		1		
NAME	†	<del>-</del>			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS				DO NOT WRIT	<b>=</b>
CITY-ST-ZIP	<del></del>	<del></del>			
TITLE	1	•	Property and the	-IN THIS SPACE	
NAME STREET ADDRESS	}		•		
CITY-ST-ZIP			l		
3171,1					
NAME	}		<b>§</b>	the second secon	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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: Cycle C. Porter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

April 19, 2005

901-261-4800

Daytime Phone #