2005 LIMITED LIABILITY COMPANY ANNUAL REPORT, (AR)

SIGNATURE:

## Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # M9700000015 1. Entity Name W. R. FAIRCHILD CONSTRUCTION COMPANY, LLC Principal Place of Business Mailing Address HIGHWAY 49 N. HATTIESBURG MS 39402 P.O. BOX 15909 HATTIESBURG MS 39404-5909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 64-0328283 Not Applicab Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, JAMES E Street Address (P.O. Box Number is Not Acceptable) 1520 LÍVE OAK ROAD MONTICELLO FL 32344 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Begistered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THLE **MGRM** TITLE ☐ Delete Change Addilia NAME FAIRCHILD, MARK A NAME STREET ADDRESS 11 ABBEYWOOD LANE STREET ADDRESS CITY-ST-ZIP HATTIESBURG MS 39402 CITY-ST-71P MGRM THE Delete HILE Change Addition NAME FAIRCHILD, JOHN M MAM U00000336547 04/27/05-80129-011 50.00 STREET ADDRESS STREET ADDRESS 1009 LAKESHORE DR. CITY-ST-7IP HATTIESBURG MS 39401 CITY-ST-ZIP DILLE ☐ Delete THLE Change ☐ Addiiii MAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-ZIP Tilli E ☐ Delete HILE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE ☐ Delete TOTLE Change Addition NAME NAME STREET ADDRESS STREET LADDRESS CITY-ST-ZIP CHY-SI-7IP HILE ☐ Delete Hit Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/2 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)(i), 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

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