

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90063 005 \*\*\*\*55.00

**DOCUMENT # M97000000015**

1. Entity Name  
**W. R. FAIRCHILD CONSTRUCTION COMPANY, LLC**



Principal Place of Business  
**HIGHWAY 49 N.  
HATTIESBURG, MS 39402**

Mailing Address  
**P.O. BOX 15909  
HATTIESBURG, MS 39404-5909**

**60004017**



2. Principal Place of Business - No P.O. Box #  
**6330 U.S. HWY 49**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**HATTIESBURG, MS**

City & State

Zip  
**39401**

Country  
**US**

Zip

Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**64-0328283**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAKER, JAMES E  
1520 LIVE OAK ROAD  
MONTICELLO, FL 32344**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
FAIRCHILD, MARK A.  
11 ABBEYWOOD LANE  
HATTIESBURG, MS 39402** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
FAIRCHILD, JOHN M  
1009 LAKESHORE DR.  
HATTIESBURG, MS 39401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☒ Change ☐ Addition  
**46 SCHALLOR ROAD  
HATTIESBURG, MS 39401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1-16-07 601-544-1151**