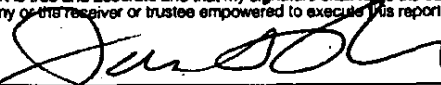


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

04-28-2004 90057 038 ****55.00

DOCUMENT # M98000000814					
1. Entity Name LANDSOUTH CONSTRUCTION, LLC					
Principal Place of Business 1680 THE GREENS WAY, SUITE 100 JACKSONVILLE, FL 32250			Mailing Address 1680 THE GREENS WAY, SUITE 100 JACKSONVILLE, FL 32250		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2396999	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PYLE, JAMES G 1680 THE GREENS WAY, SUITE 100 JACKSONVILLE, FL 32250			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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PYLE, JAMES G 1680 THE GREENS WAY, SUITE 100 JACKSONVILLE, FL 32250	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR DAWSON, JAMES H 1760 BASS ROAD, SUITE 202 MACON, GA 31210	☐ Delete		MBR DAWSON, James H: 5400 Riverside Drive, Suite 203 Macon, GA 31210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR TUCKER, JEFFREY S 1760 BASS ROAD, SUITE 202 MACON, GA 31210	☐ Delete		MBR TUCKER, Jeffrey S. 5400 Riverside Drive, Suite 203 Macon, GA 31210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.					
SIGNATURE: 				4.12.04 904-273-6004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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