

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000814

FILED
Apr 26, 2006
Secretary of State

Entity Name: LANDSOUTH CONSTRUCTION, LLC

Current Principal Place of Business:

1680 THE GREENS WAY, SUITE 100
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

1680 THE GREENS WAY, SUITE 100
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 58-2396999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PYLE, JAMES G
1680 THE GREENS WAY, SUITE 100
JACKSONVILLE, FL 32250 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: PYLE, JAMES G
Address: 1680 THE GREENS WAY, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGR () Delete
Name: DAWS, JAMES H
Address: 5400 RIVERSIDE DRIVE, SUITE 203
City-St-Zip: MACON, GA 31210

Title: MGR (X) Delete
Name: TUCKER, JEFFREY S
Address: 5400 RIVERSIDE DRIVE, SUITE 203
City-St-Zip: MACON, GA 31210

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: JAMES G. PYLE

MGRM

04/26/2006

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