2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000421

71 THRASHER STREET

NORCROSS, GA 30071

Address:

City-St-Zip:

Entity Name: MCCLURE DESIGN & BUILD CONTRACTORS, LLC

FILED Apr 01, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|------------------------------------|------------------------------------|---|--|
| 5467 BELLS FERRY RI ACWORTH, GA 30102 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 5467 BELLS FERRY RI ACWORTH, GA 30102 | | | | |
| FEI Number: 58-2409233 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address o | Name and Address of New Registered Agent: | |
| MCCLURE, DON 107 COTTAGE COURT CARILLION BEACH, FL | | | | |
| The above named entity in the State of Florida. | y submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Age | | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | | |
| Title: MGR (Name: MCCLURE, D | () Delete OON | Title: Name: | () Change () Addition | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DON MCCLURE MRG 04/01/2009