


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000203
1. Entity Name
MID FLORIDA COLONIAL BUILDERS, L.C.



Principal Place of Business
C/O RAMON S HERNANDEZ, P.A.
1615 E. WOODWARD STREET, SUITE A
ORLANDO, FL 32803

Mailing Address
C/O RAMON S HERNANDEZ, P.A.
1615 E. WOODWARD STREET, SUITE A
ORLANDO, FL 32803



03102004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3617299

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAVIGNE, JAMES R ESQ.
LAVIGNE, COTON & ASSOCIATES, PA
5301 CONROY ROAD, SUITE 140
ORLANDO, FL 32811

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2004

U00000089682
03/15/04-80101-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CRIVARI, CLAUDIO 2306 VIVADA STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SISCO, ONEIRA MARCANO 2306 VIVADA STREET ORLANDO, FL 32803
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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: 

3-12-04