2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90252 030 ****50.00

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1. Entity Name
BUILDER'S PROPERTY GROUP, LLC

24032950

Principal Place of Business	Mailing Address
C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE, STE. 325 CORAL GABLES, FL 33134	C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE, STE. 325 CORAL GABLES, FL 33134

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02032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0804396
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACNAIR, CHRISTOPHER J
C/O BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, STE. 325
CORAL GABLES, FL 33134

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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	~~MGRM~~ MGR
NAME	MACNAIR, CHRISTOPHER J
STREET ADDRESS	255 ALHAMBRA CIRCLE, STE. 325
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	~~MGRM~~ MGR
NAME	FERTIG, JAY
STREET ADDRESS	255 ALHAMBRA CIRCLE, STE. 325
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	GANT, STEVEN D Delete
STREET ADDRESS	2751-B TAMIAMI TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGRM
NAME	JEFFREY, PAMELA L Delete
STREET ADDRESS	255 ALHAMBRA CIR STE 325
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	GRIZZLE, GENE
STREET ADDRESS	9712 SW 132ND PL
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM
NAME	BAYSHORE LAND GROUP, INC.
STREET ADDRESS	255 ALHAMBRA CIRCLE STE. 325
CITY-ST-ZIP	CORAL GABLES, FL 33134

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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: Christopher J. MacNair Manager 3/29/04 305-445-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #