

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007853

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** FLORIDA EXECUTIVE BUILDERS, L.L.C.

**Current Principal Place of Business:**

1935 NW 18TH ST.  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1935 NW 18TH ST.  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103 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  
Name: SCANLAN, FRANCIS X CFO  
Address: 4301 NW 107 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM  
Name: SEEGER, SHANNON E T  
Address: 1034 NW 121 LANE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM  
Name: NORTH, JOSEPH C COO  
Address: 10329 MEDICIS PL  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: SENOMA, INC.  
Address: 1935 NW 18TH STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM  
Name: SEEGER, KENNETH V P  
Address: 1034 NW 121 LANE  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby 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: FRANCIS X. SCANLAN                      MGRM                      04/27/2011

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