2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Sep 13, 2007 8:00 am
Secretary of State
09-13-2007 90016 040 ****50.00

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09102007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
RBD CONSTRUCTIONS LLC

Principal Place of Business	Mailing Address
9550 SE 155TH ST. SUMMERFIELD, FL 34491	9550 SE 155TH ST. SUMMERFIELD, FL 34491

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
408 S. Willow Ave	408 S. Willow Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange Fl	City & State: Port orange Fl
Zip: 32127 Country: USA	Zip: 32127 Country: USA

4. FEI Number: 38-3155421 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEHAVEN, RONALD B 9550 SE 155TH ST. SUMMERFIELD, FL 34491	Name: DeHaven, Ronald B Street Address (P.O. Box Number is Not Acceptable): 408 S. Willow Ave City: Port orange FL Zip Code: 32127

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: Ronald B. DeHaven DATE: 9/10/07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEHAVEN, RONALD B 3832 BARNES LAKE RD. COLUMBIAVILLE, MI 48421	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ronald B. DeHaven 9/10/07 8105234052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #