

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90048 028 *****50.00

40058047



| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L00000013184 1. Entity Name RICHARD-BRANDON CONSTRUCTION, LLC | | | | | |
| Principal Place of Business 1501 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143 | | | Mailing Address 1501 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143 | | |
| 2. Principal Place of Business 7301 SW 37th | | 3. Mailing Address 7301 SW 37th | | | |
| Suite, Apt. #, etc. # 440 | | Suite, Apt. #, etc. # 440 | | | |
| City & State South Miami - FL | | City & State South Miami - FL | | | |
| Zip 33143 | | Country USA | | Zip 33143 | |
| Country USA | | 4. FEI Number 65-1054699 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent THE RICHARD BRANDON COMPANY 1501 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7301 SW 37th Suite # 440 City South Miami - FL Zip Code 33143 | | |
| 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 _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MATTAWAY, L. RICHARD 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 7301 SW 37th Suite 440 South Miami - FL 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS LURIE, BRANDON 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 7301 SW 37th Suite #440 South Miami - FL 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: | | | 305-662-1421 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |