

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000089682  
03/15/04-80101-023 50.00

9. MANAGING MEMBERS/MANAGERS

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

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-12-04