

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000004654

1. Entity Name
MODULAR BUILDING SYSTEMS INTERNATIONAL, L.L.C.



Principal Place of Business
**13340 W. COLONIAL DR.
SUITE 250
WINTER GARDEN, FL 34787 US**

Mailing Address
**614 EAST HWY 50, SUITE 326
CLERMONT, FL 34711**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3640867

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, BRADLEY J
1031 W. MORSE BLVD
SUITE 350
WINTER PARK, FL 32789**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERK, PATRICIA 8544 BAILEY DRIVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERK, STEVEN 8544 BAILEY DRIVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000175975
01/10/05-80072-016 50.00

**DO NOT WRITE
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 #

1/5/05 321 689 6862