

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90041 003 ****50.00

DOCUMENT # L00000005456					
1. Entity Name VICTOR POSNER ENTERPRISES-CONSTRUCTION, L.L.C.					
Principal Place of Business 1250 E HALLANDALE BEACH BLVD SUITE 300 HALLANDALE, FL 33009			Mailing Address 1250 E HALLANDALE BEACH BLVD SUITE 300 HALLANDALE, FL 33009		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent LAUNER, BLANCHE 1250 E HALLANDALE BEACH BLVD STE 300 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete NESTOR, BRENDA 1250 E HALLANDALE BEACH BLVD STE 300 HALLANDALE, FL 33009			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nestor, Brenda- Personal Representative
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete COLVIN, MELVIN 1250 E HALLANDALE BEACH BLVD STE 300 HALLANDALE, FL 33009			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete LAUNER, BLANCHE 1250 E HALLANDALE BEACH BLVD STE 300 HALLANDALE, FL 33009			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input checked="" 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:				Blanche Launer 4/25/07 954-458-4343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					