2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011598

1. Entity Name IRD CONSTRUCTION, LLC



FILED Feb 03, 2004 08:00 AM Secretary of State

Principal Place of Business

7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324

Mailing Address

7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324



DO NOT WRITE IN THIS SPACE

01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 47-0856639 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, ROBERT W JR., ESQ C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 826 FT. LAUDERDALE, FL 33308

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 and title if applicable. | red Agent signature required when reinstating) DATE |
| Filing Fee is \$50.00 Due by May 1, 2004 | | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SADKIN, S. MARTIN 7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324 | U00000033459 02/05/04-80040-017 50.00 |
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| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | |

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 mysignature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered 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

1

Daytime Phone #