2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000011598

1. Entity Name

IRD CONSTRUCTION, LLC

FILED Jan 12, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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



01032005 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

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FT. LAUDERDALE, FL. 33308		IN THIS STAGE			
the obligat	named entity submits this statement for the purpose of chalons of registered agent.	nging its registered	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered	Agent signature required when reinstating)	DATE	
Fi De	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM SADKIN, S. MARTIN 7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324		U00000178352 01/12/05-80024-011 50.	U00000178352 01/12/05-80024-011 50.00	
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE Name Street address City-St-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 my signature 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 receipt or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING BEHRER OF AUTHORIZED REPRESENTATIVE

Znunging Menber

Daytime Phone #

7788