2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 

## **DOCUMENT # L01000019636**

1. Entity Name STRÚCTURE-CON LLC



**FILED** May 07, 2007 08:00 A Secretary of State

Principal Place of Business

**Mailing Address** 

1555 NE OCEAN BLVD. **SUITE 303** STUART, FL 34996

1555 NE OCEAN BLVD

**SUITE 303** 

STUART, FL 34996



## DO NOT WRITE IN THIS SPACE

01292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0847412 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STARK, ROBERT F MR. 1555 NE OCEAN BLVD SUITE 303 STUART, FL FL

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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, 2007			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM  STARK, ROBERT F  1555 NE OCEAN BLVD SUITE 303  STUART, FL 34996		U00000762685 05/29/07-80019-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
MILE			

DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #