

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020195

FILED
Apr 26, 2004
Secretary of State

Entity Name: CONTRACTOR'S NOTICE OF FLORIDA, LLC

Current Principal Place of Business:

600 CORPORATE DRIVE
SUITE 510
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

600 CORPORATE DRIVE
SUITE 510
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 33-1011473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REILLY, FRANK V ESQ.
6245 NORTH FEDERAL HIGHWAY, THIRD FLOOR
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

REILLY, FRANK V ESQ.
600 CORPORATE DRIVE
SUITE 510
FORT LAUDERDALE, FL 33334 US

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.

SIGNATURE: FRANK V. REILLY

04/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ROCHE, MYRNABELLE
Address: 600 CORPORATE DRIVE, SUITE 510
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: MGR () Delete
Name: REILLY, FRANK V ESQ.
Address: 600 CORPORATE DRIVE, SUITE 510
City-St-Zip: FORT LAUDERDALE, FL 33334 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANK V. REILLY

MGRM

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date