

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000020511	
1. Entity Name FAKOURI CONSTRUCTION OF FLORIDA, LLC	

Principal Place of Business 1676 DALLAS DR. STE A BATON ROUGE LA 70806	Mailing Address 1676 DALLAS DR. STE A BATON ROUGE LA 70806
--	--



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

1st MOORE CR2E083 (10/06)

4. FEI Number 72-1517922	Applied For ☐ Not Applicable
------------------------------------	---

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent POWELL, RICHARD H 92 EGLIN PKWY NE FORT WALTON BEACH FL 32548	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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

000000609461
02/01/07-80051-005 50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM JERRY E. FAKOURI, JR., INC. 1676 DALLAS DRIVE BATON ROUGE LA 70806 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add/Remove
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WILLIAM N. FAKOURI, INC. PO BOX 14151 BATON ROUGE LA 70899 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add/Remove
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add/Remove
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add/Remove
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add/Remove
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add/Remove

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JERRY E. FAKOURI, JR. 1/24/07 225-927-351

Date

Daytime Phone #