

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002986

Entity Name: FIRST BUILDERS, LLC

FILED  
May 05, 2004  
Secretary of State

## Current Principal Place of Business:

2705 W. FAIRBANKS AVENUE  
WINTER PARK, FL 32789

## New Principal Place of Business:

610 NORTH WYMORE ROAD  
WINTER PARK, FL 32789

## Current Mailing Address:

610 N. WYMORE RD.  
WINTER PARK, FL 32789

## New Mailing Address:

FEI Number: 03-0395322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSSINSKY, MARC P  
210 N. WYMORE RD.  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

STRASBERG, LESLIE S  
610 N. WYMORE RD.  
WINTER PARK, FL 32789 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: LESLIE S STRASBERG

05/05/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: STRASBERG, LESLIE S  
Address: 610 NORTH WYMORE ROAD  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM ( ) Delete  
Name: STRASBERG, JAMES A  
Address: 610 NORTH WYMORE ROAD  
City-St-Zip: WINTER PARK, FL 32789

## 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: LESLIE S STRASBERG

MGRM

05/05/2004

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