2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002986

Entity Name: FIRST BUILDERS, LLC

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

195 S WESTMONTE DR SUITE 1122 1039 HARLEY STRICKLAND BLVD ALTAMONTE SPRINGS, FL 32714

700

ORANGE CITY, FL 32763

Current Mailing Address: New Mailing Address:

1039 HARLEY STRICKLAND BLVD 195 S WESTMONTE DR SUITE 1122

ALTAMONTE SPRINGS, FL 32714 700 ORANGE CITY, FL 32763

FEI Number: 03-0395322 FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRASBERG, LESLIE S STRASBERG, LESLIE S 195 S WESTMONTE DR SUITE 1122 1039 HARLEY STRICKLAND BLVD ALTAMONTE SPRING, FL 32714

ORANGE CITY, FL 32763 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 04/06/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

STRASBERG, LESLIE S Name: STRASBERG, LESLIE S Name:

195 S WESTMONTE DR SUITE 1122 Address: 1039 HARLEY STRICKLAND BLVD SUITE 700 Address: ALTAMONTE SPRINGS, FL 32714 ORANGE CITY, FL 32763

City-St-Zip: City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: STRASBERG, JAMES A Name: STRASBERG, JAMES A

Address: 195 S WESTMONTE DR SUITE 1122 Address: 1039 HARLEY STRICKLAND BLVD SUITE 700

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 **MGMR** 04/06/2009