

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006266

Entity Name: BUILDING HOLDING, LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

4401 NW.. 124TH AVE.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

4401 NW 124TH AVE.
CORAL SPRINGS, FL 33065

Current Mailing Address:

4401 NW.. 124TH AVE.
CORAL SPRINGS, FL 33065

New Mailing Address:

4401 NW 124TH AVE.
CORAL SPRINGS, FL 33065

FEI Number: 01-0638793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORDIS, INC.
4401 NW.. 124TH AVE.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SELINGER, RONALD
Address: 3445 MEADOWBROOK WAY
City-St-Zip: DAVIE, FL 33328

Title: MGR () Delete
Name: BLOOM, SIDNEY
Address: 2560 JARDIN DR
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: LAWRENCE CONSTRUCTIO, N
Address: 798 WEST 84TH STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES:

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

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 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: JOSEPH ASSIL

HR

04/14/2008

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