

FILED
Jun 28, 2004 8:00 am
Secretary of State

05-03-2004 90140 015 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

5/31

DOCUMENT # L02000013871			
1. Entity Name A & D BUILDERS I, L.L.C.			
Principal Place of Business 8360 W. OAKLAND PARK BLVD., STE 201 SUNRISE, FL 33351		Mailing Address 8360 W. OAKLAND PARK BLVD., STE 201 SUNRISE, FL 33351	
2. Principal Place of Business 40		3. Mailing Address ALAN L. GOLDBERG COURT APPOINTED CUSTODIAN	
Suite, Apt. #, etc. 111 SW 3RD ST, SUITE 701		City & State MIAMI, FLORIDA	
City & State MIAMI, FLORIDA		4. FEI Number 03-0470911	
Zip 33130		Country USA	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MREJEN, ARIE P.A. 701 W. CYPRESS CREEK RD., STE 302 FT LAUDERDALE, FL 33309		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: _____ DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MEMBER NAME: K & Z VENTURES L.L.C. STREET ADDRESS: 8360 W. OAKLAND PARK BLVD., STE 201 CITY-ST-SP: SUNRISE, FL 33351		TITLE: MEMBER NAME: K & Z VENTURES, L.L.C. STREET ADDRESS: 8360 W. OAKLAND PARK BLVD, STE 201 CITY-ST-SP: SUNRISE, FL 33351	
TITLE: Please NAME: Please Add STREET ADDRESS: Please Add CITY-ST-SP: Please Add		TITLE: MANAGING MEMBER NAME: ALAN L. GOLDBERG STREET ADDRESS: 111 SW 3RD ST, SUITE 701 CITY-ST-SP: MIAMI, FL 33130	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-SP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-SP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-SP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-SP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-SP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-SP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-SP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-SP: _____	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: ALAN L. GOLDBERG		DATE: 4/29/04	
SIGNATURE AND TYPES ON PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DEPOSITOR PHONE # 305-372-1100 x13	