## 2006 EIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 27, 2006 08:00 AM DOCUMENT # L02000018486 **Secretary of State** FLORIDA CONSTRUCTION AND DESIGN, LLC Principal Place of Business Mailing Address 10053 BRODBECK BLVD 10053 BRODBECK BLVD ORLANDO FL 32832 US ORLANDO FL 32832 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 74-3055249 Not Applicat? Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, DAVID S ESQ Street Address (P.O. Box Number is Not Acceptable) 5728 MAJOR BLVD., STE. 550 ORLANDO FL 32819 City Zio 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 Signature, typud or priviled name of registered agent and title if applicable (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, 2006 g. MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES TITLE MGR Dalete TITLE ☐ Change Addition NAME SILVESTRI, JOE NAME 11000001447655 STREET ADDRESS 10053 BRODBECK BLVD STREET ADDRESS 03/08/06 90064-01**9** 50**.0**0 CITY-ST-ZIP ORLANDO FL 32832 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition MANTE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Ш£ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DILE ☐ Detete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 737L£ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY - ST- 282 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 118. 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 property of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**FILED** 

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