
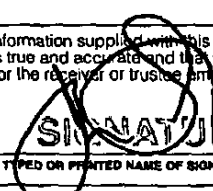


**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90748 028 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

|   |   |   |         |  |   |
|---|---|---|---------|--|---|
| <b>DOCUMENT # L02000018486</b>  |   |   |         |   |   |
| 1. Entity Name<br><b>FLORIDA CONSTRUCTION AND DESIGN, LLC</b>   |   |   |         |  |   |
| Principal Place of Business<br><b>5790 WINDHOVER DRIVE<br/>ORLANDO FL 32819</b>   |   | Mailing Address<br><b>5790 WINDHOVER DRIVE<br/>ORLANDO FL 32819</b> |         |  |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                       |         |  |   |
| City & State  |   | City & State  |         | 4. FEI Number<br><b>74-3055249</b>   |   |
| Zip   | Country   | Zip   | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                      |   |
| 6. Name and Address of Current Registered Agent<br><b>COHEN, DAVID S ESQ<br/>5728 MAJOR BLVD., STE. 550<br/>ORLANDO FL 32819</b>  |   |   |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |         |  |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b>  |   |   |         |  |   |
| 9. MANAGING MEMBERS/MANAGERS  |   |   |         | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | JOE SILVESTRI MGR <input type="checkbox"/> Delete<br>5790 WINDHOVER DR<br>ORLANDO FLA 32819 |   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify 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 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:  <b>SIGNATURE REQUIRED</b>  |   |   |         |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |   |         |  |   |
| Date _____ Daytime Phone # _____  |   |   |         |  |   |

44002068



☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)