

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025799

FILED
Jan 11, 2008
Secretary of State

Entity Name: ENVISION CONSTRUCTION, LLC

Current Principal Place of Business:

3061 NE 45TH ST.
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

4100 NE 26TH AVENUE
FORT LAUDERDALE, FL 33308

Current Mailing Address:

3061 NE 45TH ST.
FORT LAUDERDALE, FL 33308

New Mailing Address:

4100 NE 26TH AVENUE
FORT LAUDERDALE, FL 33308

FEI Number: 27-0030818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORSGREN, KEITH C
4100 NE 26TH AVENUE
FORT LAUDERDALE, FL 33308 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: MGRM () Delete
Name: FORSGREN, KEITH
Address: 3061 NE 45TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: FORSGREN, TODD C
Address: 3061 NE 45TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORSGREN, KEITH
Address: 4100 NE 26TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM (X) Change () Addition
Name: FORSGREN, TODD C
Address: 4100 NE 26TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

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: KEITH FORSGREN

MR.

01/11/2008

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