## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000033229

1. Entity Name TRADITION CONSTRUCTION, LLC



Principal Place of Business

2200 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US Mailing Address

PO BOX 5403

FORT LAUDERDALE, FL 33310

## **FILED** Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90266 001 \*3,885.00

30004136



03252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 72-1549761 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

limited liability company or the regeiv

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORE COMMUNITIES, LLC 2200 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309		
THTLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE