## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000985

Entity Name: BREAKSTONE CONSTRUCTION-RENOVATION DIVISION, LLC

FILED Feb 08, 2006 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

1200 PONCE DE LEON BOULEVARD 3930 NE 2ND AVENUE CORAL GABLES, FL 33134

SUITE 200

MIAMI, FL 33137

ADDITIONS/CHANGES:

**Current Mailing Address: New Mailing Address:** 

1200 PONCE DE LEON BOULEVARD 3930 NE 2ND AVE CORAL GABLES, FL 33134 SUITE 200 MIAMI, FL 33137

FEI Number: 54-2101129 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSENTHAL, KERRY E ESQ 2875 NORTHEAST 191ST STREET, SUITE 500 AVENTURA, FL 33180 US

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: () Delete (X) Change ( ) Addition

CHOR, HENRIQUE CHOR. HENRIQUE Name: Name:

1200 PONCE DE LEON BOULEVARD Address: 3930 NE 2ND AVENUE SUITE 200 Address: CORAL GABLES, FL 33134 MIAMI, FL 33137

City-St-Zip: City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

LEDERMAN, JAIME Name: LEDERMAN, JAIME Name: Address: 1200 PONCE DE LEON BOULEVARD Address: 3930 NE 2ND AVENUE SUITE 200

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33137

Title: MGR () Delete Title: MGR (X) Change ( ) Addition BREAKSTONE, NOAH BREAKSTONE, NOAH Name: Name:

1200 PONCE DE LEON BOULEVARD 3930 NE 2ND AVENUE SUITE 200 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33137

Title: MGR () Delete Title: MGR (X) Change ( ) Addition

Name: KOPETMAN, ED Name: KOPETMAN, ED

1200 PONCE DE LEON BOULEVARD 3930 NE 2ND AVENUE SUITE 200 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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: ED KOPETMAN 02/08/2006