2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-16-2004 90416 018 ****55.00

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DOCUMENT # L03000006753

1. Entity Name
DECKER BUILDERS, LLC

Principal Place of Business	Mailing Address
1951 SW HICKOCK TERRACE PORT ST. LUCIE, FL 34953	1951 SW HICKOCK TERRACE PORT ST. LUCIE, FL 34953

02102004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Decker Builders	P.O. Box 8599
Suite, Apt. #, etc. 1301 S.W. Vicuna Ln	Suite, Apt. #, etc.
City & State Port St. Lucie, Fl	City & State Port St. Lucie, Fl
Zip 34953 Country USA	Zip 34985 Country USA

4. FEI Number 56-2338533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, BRUCE
1401 E. BROWARD BLV., STE. 206
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 Deanna Decker
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete DECKER, DEANNA ~~1951 SW HICKOCK TERRACE~~ P.O. Box 8599 PORT ST. LUCIE, FL ~~34953~~ 34985	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Deanna Decker 4/12/04 (772)879-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

DEANNA DECKER