## 2005 LIMITED LIABILITY COMPANY

SIGNATURE: A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## **FILED** ANNUAL REPORT Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # L03000006753 1. Entity Name DECKER BUILDERS, LLC Mailing Address Principal Place of Business P.O. BOX 8599 1301 S.W. VICUNA LN PORT SAINT LUCIE, FL 34985 PORT SAINT LUCIE, FL 34953 01302005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2338533 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HERMAN, BRUCE 1401 E. BROWARD BLV., STE. 206 FT, LAUDERDALE, FL 33301 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when remetating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE DECKER, DEANNA NAME STREET ADDRESS P.O. BOX 8599 CITY-ST-ZIP PORT SAINT LUCIE, FL 34985 U00000292690 TITLE 04/07/05-80081-016 55.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP 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 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 cath; 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.