
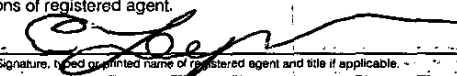



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90101 005 \*\*\*\*55.00

DOCUMENT # L03000023002					
1. Entity Name <b>CONSTRUX LLC</b>					
Principal Place of Business <b>10186 NW 47TH ST SUNRISE, FL 33351</b>			Mailing Address <b>10186 NW 47TH ST SUNRISE, FL 33351</b>		
2. Principal Place of Business <b>10150 NW 47th St</b>			3. Mailing Address <b>10150 NW 47th St</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Sunrise, FL</b>			City & State <b>Sunrise, FL</b>		
Zip <b>33351</b>		Country <b>USA</b>		Zip <b>33351</b>	
		Country <b>USA</b>		4. FEI Number <b>30-0202192</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEEPER, ERIC 12260 NW 29TH ST SUNRISE, FL 33323</b>				7. Name and Address of New Registered Agent Name <b>Same as current</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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:  DATE: <b>1/5/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEEPER, ERIC 12260 NW 29TH ST SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: <b>1/5/04</b>		Daytime Phone #: <b>954-572-2186</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					