2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

1. Entity Name EDMAR BUILDERS, LLC



Principal Place of Business ..._

1470 N.W. 107 AVENUE, SUITE C MIAMI, FL 33172 Mailing Address

1470 N.W. 107 AVENUE, SUITE C MIÄMI, FL 33172



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applied Solution

\$5.00 Additional

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAMADA, MARTHA MORAN 1470 N.W. 107 AVENUE, SUITE C MIAMI, FL 33172

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

DO NOT WRITE IN THIS SPACE

| 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 retinitaling) DATE |
| Filing Fee is \$50.00 Due by May 1, 2005 | | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FAMADA, MARTHA M 1470 NW 107 AVE STE C MIAMI, FL 33172 | U00000173548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PEREZ, EDUARDO 1470 NW 107 AVE STE C MIAMI, FL 33172 | 01/01/05-00023-016 50.00 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 11. Thereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 608. Florida Statutes. | | |

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SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE