

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037808

FILED  
Jul 20, 2007  
Secretary of State

Entity Name: BUILDERS LAKELAND, LLC

**Current Principal Place of Business:**

550 BILTMORE WAY  
SUITE 1110  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

550 BILTMORE WAY  
SUITE 1110  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-0304732      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HASNER, MARK M  
ONE S.E. 3RD AVENUE, SUITE 2400  
THERREL BAISDEN, P.A.  
MIAMI, FL 33131 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: MGR ( ) Delete  
Name: LOPEZ, EVELIO D  
Address: 550 BILTMORE WAY  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: MATO, MANUEL M  
Address: 550 BILTMORE WAY  
City-St-Zip: CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify 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: MANUEL M. MATO

MGR

07/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date