


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000052617 1. Entity Name RICHARD J. KOSALKA, GENERAL CONTRACTORS, LLC	
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Principal Place of Business 150 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984 US	Mailing Address 150 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984 US
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DO NOT WRITE IN THIS SPACE



07122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 87-0716573	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSALKA, RICHARD J
150 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

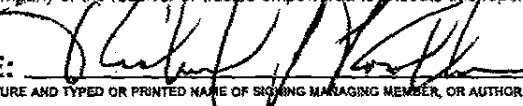
**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSALKA, RICHARD J 150 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSALKA, BERTHA F 150 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/16/07-80006-003 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7/12/07 772-336-8119**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #