


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90188 029 \*\*\*\*50.00

<b>DOCUMENT #</b> L04000003737	
<b>1. Entity Name</b> ANMAR CONSTRUCTION, LLC	

<b>Principal Place of Business</b> 1954 LINDSEY COURT WELLINGTON FL 33414	<b>Mailing Address</b> 1954 LINDSEY COURT WELLINGTON FL 33414
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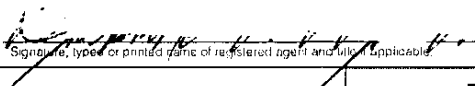
<b>2. Principal Place of Business - No P.O. Box #</b> 9030 DEL HURST WAY	<b>3. Mailing Address</b>
<b>Suite, Apt. #, etc.</b> 128	<b>Suite, Apt. #, etc.</b>

1st MOORE CR2E083 (10/06)

<b>City &amp; State</b> Royal Palm Beach FL	<b>City &amp; State</b>	<b>4. FEI Number</b> 38-3696197	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33411	<b>Country</b> PALM BEACH	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  MONCELLI, JAMES W 1954 LINDSEY COURT WELLINGTON FL 33414	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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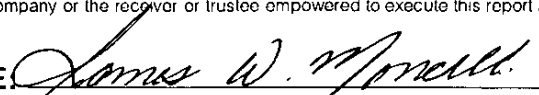
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the above named entity.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MONCELLI, JAMES W 1954 LINDSEY COURT WELLINGTON FL 33414 <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 exemptions contained in Section 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**  **2-21-07** **561-248-6528**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #