

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2007 8:00 am**  
**Secretary of State**

08-29-2007 90039 014 \*\*\*\*50.00

<b>DOCUMENT # L04000007764</b> 1. Entity Name <b>GUYAN CONSTRUCTION LLC</b>			
Principal Place of Business <del>4306 SW 24 CT</del> <b>5941-201 Tarpon Gardens Cir</b> <b>CAPE CORAL, FL 33914 US</b>		Mailing Address <i>same as left</i> <del>PO BOX 100520</del> <b>CAPE CORAL, FL 33914 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5941-201 Tarpon Gardens Cir</b> Suite, Apt. #, etc.		3. Mailing Address <b>5941-201 Tarpon Gardens Cir</b> Suite, Apt. #, etc.	
City & State <b>Cape Coral, FL</b> Zip <b>33914</b> Country <b>US</b>		City & State <b>Cape Coral, FL</b> Zip <b>33914</b> Country <b>US</b>	
4. FEI Number <b>13-4292642</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GUYAN, ERNEST G</b> <b>5941 TARPON GARDENS CIRCLE STE 201</b> <b>CAPE CORAL, FL 33914</b>		7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when relating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GUYAN, ERNEST G</b> <del>4306 SW 24 CT</del> <b>CAPE CORAL, FL 33914</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>MGR</b> <b>GUYAN, ERNEST G</b> <b>5941-201 Tarpon Gardens Circle</b> <b>Cape Coral, FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:** *Ernest G Guyan* **8/24/07** **239-945-4235**