

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90118 040 ****50.00

| | | | | | |
|---|--|---------|--|---|--|
| DOCUMENT # L04000011842 1. Entity Name PARE CONSTRUCTION LLC | | | | | |
| Principal Place of Business 11595 162 PLACE NORTH JUPITER, FL 33478 US | | | Mailing Address 11595 162 PLACE NORTH JUPITER, FL 33478 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 200726052 | |
| 5. Name and Address of Current Registered Agent PARE, KEVIN B 11595 162 PLACE NORTH JUPITER, FL 33478 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 6. 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. | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> | | | | DATE _____ | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| MGR PARE, KEVIN B 11595 162 PLACE NORTH JUPITER, FL 33478 | | | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
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| Delete <input type="checkbox"/> | | | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| 11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Kevin Pare</i> | | | | 4-28-05 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | 561-744-9942 <small>Daytime Phone #</small> | |

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04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
200726052
☒ Not Applicable
\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| | |
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SIGNATURE: *Kevin Pare* **4-28-05** **561-744-9942**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #