2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 28, 2005 8:00 am Secretary of State

DOCUMENT # L04000031568 1. Entity Name SAY CONSTRUCTION, LLC							01-28-2005 90073 013 ****50.00	
Principal Plac	s	Mailing Address				,,		
1925 BRICKELL AVE. UNIT D-506 1925 BRICKELL AVE. UNI					606			
MIAMI, FL 33129 MIAMI, FL 33129							Jane State Company	
W- W							F LEBETOR DE BERK REIN EINE BERK EREN BANK BRIDE HIRE BERK ANDE BANK BEGER HET BRE	
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01202005 Chg-LLC CR2E083 (10/03)	
City & State			City & State	igente a la company	-, -	4. FEI Number 1990 880 Applied For Not Applicable		
Zip	p Country		Zip Count		ntry	<u>}</u>	5. Certificate of Status Desired Specificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
DOVE GAS	recur re	CDDV 4			Name	Name :		
ROYE SAYEGH, FREDDY A 1925 BRICKELL AVE. UNIT D-506 MIAMI, FL 33129					Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33129					•		:	
				City		, FL 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 .	Signature typeri	or printed name of registered agent ar	vi titla if applicable /NOTI	- Danietare	rd Agent eignet	una ramuiran	s when reinstating) DATE	
	Orginatore, typeo	or pranted harne or registered agent at	to tale in applicable. (1401)	a. negisiere	n whelit ping	nie reduied	when terriscaurity)	
Filing Fee is \$50.00 - Due by May 1, 2005 -					Make check payable to Florida Department of State			
9.		MANAGING MEMBER	S/MANAGERS 10.				ADDITIONS/CHANGES	
TITLE	MGR	THE VICTORIAL TREVIDES	Delete	TITL	£		☐ Change ☐ Addition	
NAME	SAYEGH,	NELSON		NAM	tE	-		
STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP				-	-ST-ZIP	2.4		
TITLE NAME	MGR	DICADDO E	☐ Delete	TITL	_		☐ Change ☐ Addition	
STREET ADDRESS	ADDRESS 1925 BRICKELL AVE. UNIT D-50				EET ADDRESS			
CITY-ST-ZIP MIAMI, FL 33129			CITY		-ST-ZIP		••	
TITLE			☐ Delete	TITU	E	MG	Change △ Addition	
NAME				NAM		SAY	EGH, NELSON E.	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP	192	5 BRICKELL AVE. UNIT D-506 MI, FL 33129	
			□ Bales	-		MG		
TITLE NAME			☐ Delete	TITE		GAV	ECH FLIAS ANTONIO	
-STREET ADDRESS:	حية صب اب	استنييار بهديناه لايد للمسيرود -			ET ADDRESS -	192	5-BRICKELL-AVEUNIT_D-506	
CITY-ST-ZIP					-ST-ZIP	MIA	MI, FL 33129	
TITLE			☐ Delete	TITL			Change Addition	
NAME STREET ADDRESS		NAM STRE		eet address	٠.			
CITY-ST-ZIP					-ST-ZIP	,		
TITLE	,		☐ Delete	TITL			☐ Change ☐ Addition	
NAME -	,			NAM	IE			
STREET ADDRESS	-				ET ADDRESS			
CITY-ST-ZIP	<u> </u>				-ST-ZIP	•		
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 cath; that I am a managing member or manager of the limited liability company on the receiver of this tee empowered to execute this report as required by Chapter 608, Florida Statutes.								

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/25/2005