


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000031568 1. Entity Name SAY CONSTRUCTION, LLC	
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Principal Place of Business 1925 BRICKELL AVE. UNIT D-506 MIAMI, FL 33129	Mailing Address 1925 BRICKELL AVE. UNIT D-506 MIAMI, FL 33129
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01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1990880	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROYE SAYEGH, FREDDY A 1925 BRICKELL AVE. UNIT D-506 MIAMI, FL 33129

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

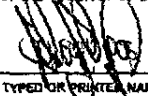
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAYEGH, NELSON 1925 BRICKELL AVE. UNIT D-506 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAYEGH, RICARDO E 1925 BRICKELL AVE. UNIT D-506 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAYEGH, NELSON E 1925 BRICKELL AVE UNIT D-506 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAYEGH, ELIAS ANTONIO 1925 BRICKELL AVE UNIT D-506 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000388894
01/20/06-80021-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____