

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035366

Entity Name: INFRASTRUCTURE LLC

FILED
Mar 24, 2006
Secretary of State

Current Principal Place of Business:

5671 NE 21 ROAD
FT. LAUDERDALE, FL 33308 US

Current Mailing Address:

5671 NE 21 ROAD
FT. LAUDERDALE, FL 33308 US

New Principal Place of Business:

5200 N FEDERAL HIGHWAY
SUITE 2-1195
FT. LAUDERDALE, FL 33308 US

New Mailing Address:

5200 N FEDERAL HIGHWAY
SUITE 2-1195
FT. LAUDERDALE, FL 33308 US

FEI Number: 20-1105111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESCHAMBEAU, ROXANNE M
5671 NE 21 ROAD
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JPG BUILDING & DESIG, N, INC
Address: 811 SE 13 STREET
City-St-Zip: POMPANO BEACH,, FL 33060 US

Title: MGRM () Delete
Name: DRISCOLL, JOHN
Address: 5671 NE 21 ROAD
City-St-Zip: FT . LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DESCHAMBEAU, ROXANNE
Address: 5671 NE 21ST ROAD
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROXANNE DESCHAMBEAU

MGRM

03/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date