


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90214 038 ****50.00

DOCUMENT # L04000037130

1. Entity Name
ECENRODE BUILDERS, LLC



Principal Place of Business
**1950 TALLOAK ROAD
 MELBOURNE, FL 32935**

Mailing Address
**P.O. BOX 885
 SHARPES, FL 32959**

2. Principal Place of Business - No P.O. Box #
3815 N. Cocoa, Boulevard

3. Mailing Address
P.O. Box 885

Suite, Apt. #, etc.
Suite 1

City & State
Cocoa, FL

City & State
Sharpes, FL

Zip
32926

Country
Brevard

Zip
32959

Country
Brevard

02282007 Chg-LLC CR2E083 (12/06)



4. FEI Number
57-1207225

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLWOOD, DAWN M
 3815 N. COCOA BOULEVARD
 SUITE 1
 COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECENRODE, CRAIG P 1950 TALLOAK ROAD MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Craig Ecnrode* **3/2/07** **321-65-8314**

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