

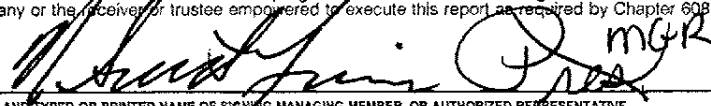


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000042697						
1. Entity Name SCOTT LEWIS CONSTRUCTION, LLC						
Principal Place of Business 16609 67TH CT N LOXAHATCHEE, FL 33470	Mailing Address 16609 67TH CT N LOXAHATCHEE, FL 33470	 01162007 No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 20-1212879</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 20-1212879	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent LEWIS, SCOTT 16609 67TH CT N LOXAHATCHEE, FL 33470		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$50.00 Due by May 1, 2007						
9. MANAGING MEMBERS/MANAGERS		<div style="text-align: right; margin-bottom: 20px;">U000000608550 02/01/07-80015-006 50.00</div> DO NOT WRITE IN THIS SPACE				
TITLE	MGR					
NAME	LEWIS, SCOTT					
STREET ADDRESS	16609 67TH CT N					
CITY- ST- ZIP	LOXAHATCHEE, FL 33470					
TITLE	MGR					
NAME	STARK, JOSEPH					
STREET ADDRESS	1332 SUNRISE ROAD					
CITY- ST- ZIP	WEST PALM BEACH, FL 33406					
TITLE						
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
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:  MGR		Date: 1/26/07				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>				

PAID 2/26/07