# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000048453**

**1.** Entity Name
LANGER CONSTRUCTION & DEVELOPMENT, LLC

20004336

| Principal Place of Business | Mailing Address |
|---|---|
| 1205 CAPE CORAL PARKWAY EAST | 1205 CAPE CORAL PARKWAY EAST |
| CAPE CORAL, FL  33904    US | CAPE CORAL, FL  33904    US |

01132006    Chg-LLC    CR2E083 (11/05)

**2. Principal Place of Business**
2328 Hancock Bridge Pkwy
Suite, Apt. #, etc.
106
City & State
Cape Coral FL
Zip 33990    Country LEE

**3. Mailing Address**
2328 Hancock Bridge Pkwy
Suite, Apt. #, etc.
106
City & State
Cape Coral, FL
Zip 33990    Country LEE

| 4. FEI Number | | Applied For |
|---|---|---|
| 43-2055225 | | Not Applicable |

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LANGER, BARBARA R<br>4619 SW 25TH PLACE<br>CAPE CORAL, FL  33914 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 _Barbara Langer_    1/30/06

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**

**Make check payable to**
**Florida Department of State**

| 9. | MANAGING MEMBERS/MANAGERS | | 10. | | ADDITIONS/CHANGES | |
|---|---|---|---|---|---|---|
| TITLE | MGRM | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | LANGER, BARBARA R | | NAME | | | |
| STREET ADDRESS | 4619 SW 25TH PLACE | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CAPE CORAL, FL  33914 | | CITY-ST-ZIP | | | |
| TITLE | MGRM | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | LANGER, DOV E | | NAME | | | |
| STREET ADDRESS | 4619 SW 25TH PLACE | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CAPE CORAL, FL  33914 | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 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:** _Barbara Langer_    1/30/06

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