## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000053147

1. Entity Name EZ BUILDER LLC



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

2716 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33712

Mailing Address

PO BOX 13881

ST. PETERSBURG, FL 33733



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03202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74-3132875 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, PETER R 259 THIRD STREET NORTH ST. PETERSBURG, FL 33701

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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

MANACING MEMBERS/MANACERS

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STROBEL, DONALD E JR
STREET ADDRESS	PO BOX 13881
CITY-ST-ZIP	ST. PETERSBURG, FL 33733
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADORESS	
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 ex

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11. I hereby certify that the information supplied with first liting does not qualify for the examptions 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 exacute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/31/07

727.321.5388

Daytime Phone #