2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 11, 2005 8:00 am Secretary of State

DOCUMENT # L0400053976 1. Entity Name B.F.S. CONSTRUCTIONS, LLC)	05-11-2005	90031 030 ****5	0.00
Principal Place	e of Business	Mailing Address						
2261 N.W. 180TH TERRACE		2261 N.W. 180TH TERRACE		·	_			
MIAMI, FL 33141 US		MIAMI, FL 33141 US			200	15857	(-	
							/575Z	
2. Principal Place of Business 6600 NW 27 Ave Suite, Apt. #, etc.		3. Mailing Address 226/NW 180th terrnee						
Suite, Apt.		Suite, Apt. #, etc.			03042005	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Numb	gra La Paga	A	oplied For	
Miami FloridA		MIÁMI Florida			30-0	0214139		ot Applicable
33147	Country	33056	Countr US #		5. Certificate	e of Status Desired	S5.00 Add	
3311	6. Name and Address of Current F		037	τ	7. Name an	d Address of New R		· · · · · · · · · · · · · · · · · · ·
				Name				
MURRAY, MECHELLLE 2261 N.W. 180TH TERRACE			}	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL				01100171001000			, 	
,	į.							
	*		Ī	City	•		FL Zip Cod	le
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or registe	ered agent, or bo	oth, in the State of Flo		and accept
	ions of registered agent.		•				· · · · · · · · · · · · · · · · · · ·	
SIGNATURE .	<u> </u>							
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	- Paraistered	Agent signature require	art when remetations		DATE	
		T			oo waaraa aay	· - ··		
Fi De	ling Fee is \$50.00 ue by May 1, 2005						e check payable to Department of Stat	ė
Fi De	ue by May 1, 2005 MANAGING MEMBER		10.				e check payable to Department of Stat	ė
9. TITLE	MANAGING MEMBER		10.			Florida	e check payable to Department of Stat	Addition
9. TITLE NAME	MANAGING MEMBER MGR MURRAY, MECHELLE	RS/MANAGERS	10. TITLE NAME			Florida	e check payable to Department of Stat CHANGES	<u></u>
9. TITLE	MANAGING MEMBER	RS/MANAGERS	10. TITLE NAME STREE			Florida	e check payable to Department of Stat CHANGES	<u></u>
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR MURRAY, MECHELLE 2261 NW 180TH TERRACE	RS/MANAGERS	10. TITLE NAME STREE	IT ADDRESS ST-ZIP		Florida	e check payable to Department of Stat CHANGES	<u></u>
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11. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 tife receiver ortrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OB PARTITED NAME OF

YPED DE PRINTED HAME OF SIGNING JUNGAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/05

786 663-5248

Daytime Phone #