

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90242 008 \*\*\*\*50.00

DOCUMENT # L04000087376

1. Entity Name  
STRUCTURE BUILDERS, LLC



Principal Place of Business  
1509 N. MILITARY TRAIL  
SUITE 216  
WEST PALM BEACH, FL 33409

Mailing Address  
1509 N. MILITARY TRAIL  
SUITE 216  
WEST PALM BEACH, FL 33409

20045660



2. Principal Place of Business  
990 Stinson Way  
Suite, Apt. #, etc.  
Ste 201  
City & State  
West Palm Bch, FL

3. Mailing Address  
990 Stinson Way  
Suite, Apt. #, etc.  
Ste 201  
City & State  
West Palm Bch, FL

04202006 Chg-LLC CR2E083 (11/05)

Zip  
33411

Country  
Palm Bch

Zip  
33411

Country  
Palm Bch

4. FEI Number  
20-1799622

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C ESQ  
DESANTIS, GRASKILL, SMITH & SHENKMAN, P.A.  
11891 US HWY 1, STE 100  
NORTH PALM BEACH, FL 33408

Name

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

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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.

(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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
CARUSO, BRADLEY T  
1509 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33409 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
990 Stinson Way Ste 201  
West Palm Bch FL 33411 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert C. Hackney, Esq. 4/20/06 561-622-2700