


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90349 038 ****50.00

DOCUMENT # L04000087376	
1. Entity Name STRUCTURE BUILDERS, LLC	

Principal Place of Business 990 STINSON WAY SUITE 201 WEST PALM BEACH, FL 33411	Mailing Address 990 STINSON WAY SUITE 201 WEST PALM BEACH, FL 33411
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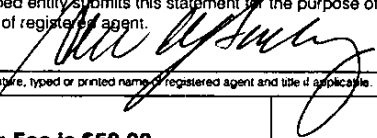
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



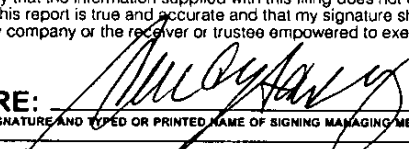
04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1799622		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Robert C. Hackney, Esq. Street Address (P.O. Box Number is Not Acceptable) Moyle Flanigan et al 625 N. Flagler Dr - 9th Floor City West Palm Bch FL Zip Code 33401	
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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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARUSO, BRADLEY T 990 STINSON WAY STE 201 WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4/5/07 Daytime Phone # 561-776-8600