

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088519

FILED
Jan 17, 2008
Secretary of State

Entity Name: INDEPENDENCE CONSTRUCTION, LLC

Current Principal Place of Business:

515 B PALM ST.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1085 SILVER BEACH RD.
LAKE PARK, FL 33403 US

Current Mailing Address:

515 B PALM ST.
WEST PALM BEACH, FL 33401

New Mailing Address:

1085 SILVER BEACH RD.
LAKE PARK, FL 33403 US

FEI Number: 75-3176568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROONEY, JOHN E
327 N FEDERAL HWY
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUZAICH, PETER
Address: 515 B PALM ST
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: HRUBY LUZAICH, ELIZABETH
Address: 515 B PALM ST.
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUZAICH, PETER
Address: 1085 SILVER BEACH RD.
City-St-Zip: LAKE PARK, FL 33403 US

Title: MGRM (X) Change () Addition
Name: HRUBY LUZAICH, ELIZABETH
Address: 1085 SILVER BEACH RD
City-St-Zip: LAKE PARK, FL 33403 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER LUZAICH

MGRM

01/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date