2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000089290

Entity Name: MINUS CONSTRUCTION, LLC

Current Principal Place of Business:

4460 N.W. 201 TERRACE
MIAMI GARDENS, FL 33055

New Principal Place of Business:

Current Mailing Address:

4460 N.W. 201 TERRACE
MIAMI GARDENS, FL 33055

New Mailing Address:

FEI Number: 87-0737652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINUS, YOLANDA M
4460 N.W. 201 TERRACE
MIAMI GARDENS, FL 33055 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	MINUS, JOSEPH A	
Address:	4460 NW 201 TERRACE	
City-St-Zip:	MIAMI GARDENS, FL 33055	
Title:	MGRM	( ) Delete
Name:	MINUS, YOLANDA M	
Address:	4460 NW 201 TERRACE	
City-St-Zip:	MIAMI GARDENS, FL 33055	
Title:	MGRM	( ) Delete
Name:	KING, WILLIS	
Address:	3156 NW 42ND STREET	
City-St-Zip:	MIAMI, FL 33142	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH A. MINUS P 04/29/2005

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