## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Mar 23, 2007 8:00 am Secretary of State DOCUMENT # L05000001833 1. Entity Name 03-23-2007 90243 001 \*\*\*400.00 NEAF CONSTRUCTION COMPANY, LLC Principal Place of Business Mailing Address 4601 S.W. 34TH STREET, SUITE 102 ORLANDO FL 32811 4601 S.W. 34TH STREET, SUITE 102 ORLANDO FL 32811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEi Number 20-2144103 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, SOUTH & MILHAUSEN, P.A. Street Address (P.O. Box Number is Not Acceptable) C/O JEFFREY P. MILHAUSEN, ÉSQ. 2699 LEE ROAD, SUITE 120 WINTER PARK FL 32789 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!-FEE IS \$50.00-Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE Addition MGR ☐ Defete THLE Change NAME NEAF, ARTHUR O NAME STREET ADDRESS STREET ADDRESS 4601 S.W. 34TH STREET, SUITE 102 CITY-ST-7IF ORLANDO FL 32811 CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SF-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7[P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

**FILED**