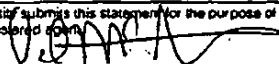
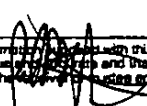


FILED
Apr 17, 2008 8:00 am
Secretary of State

02-18-2008 90071 022 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000014063			
1. Entity Name PRE-CONSTRUCTION FUND, LLC			
Principal Place of Business 1004 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110		Mailing Address 1004 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110	
2. Principal Place of Business - No P.O. Box # 23150 Fashion Dr Suite, Apt. #, etc. 231 City & State Estero		3. Mailing Address 23150 Fashion Dr Suite, Apt. #, etc. 231 City & State Estero	
Zip 33928		Country Lee	
4. FEI Number 20-2606254		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent MCINTYRE, PAUL J 3739 WOODLAKE DR BONITA SPRINGS, FL 34134	
7. Name and Address of New Registered Agent		City FL	
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 		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
MGR MCINTYRE, PAUL J 3739 WOODLAKE DR BONITA SPRINGS, FL 34134		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information furnished on 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 correct 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 authorized person empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 06/1/20	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	