

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90040 042 \*\*\*\*50.00

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DOCUMENT # L05000031501			
1. Entity Name CONTRACTOR BUSINESS PARK, LLC			
Principal Place of Business 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS, FL 33410 US		Mailing Address 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS, FL 33410 US	
2. Principal Place of Business <u>3307 NORTHLAKE BLVD</u> Suite, Apt. #, etc. <u>SUITE 107</u>		3. Mailing Address <u>3307 NORTHLAKE BLVD</u> Suite, Apt. #, etc. <u>SUITE 107</u>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>3307 NORTHLAKE BLVD.</u> <u>SUITE 107</u> City <b>FL</b> 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 <u>JOSEPH F. CROSSEN</u>		DATE <u>4-10-06</u>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3307 NORTHLAKE BLVD, SUITE 107</u>
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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>JOSEPH F. CROSSEN</u>		DATE <u>4-10-06</u> DAYTIME PHONE # <u>561-624-2778</u>	