## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90040 042 \*\*\*\*50.00 **DOCUMENT # L05000031501** 1. Entity Name CONTRACTOR BUSINESS PARK, LLC 40029759 Principal Place of Business Mailing Address 4239 NORTHLAKE BLVD 4239 NORTHLAKE BLVD SUITE D SUITE D PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address 3307 NORTHLAKE BLYD 2307 NORTHLAKE BLYD Suite, Apt. #, etc Suite, Apt. #, etc 02052006 CR2E083 (11/05) Chg-LLC JUITE 107 7UITE 187 City & State 4. FEI Number Applied For City & State 20-2601129 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F Street Address (P.O. Box Number is Not Acceptable) 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS, FL 33410 107 **SUITE** City Zip Code FL 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 Signature, typed or printed 4-10.06 CROSSEN (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition MGR ☐ Delete TITLE TITLE NAME CROSSEN, JOSEPH F NAME STREET ADDRESS 2307 NORTHLAKE BLYD SVITE 107 4239 NORTHLAKE BLVD., SUITE D STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TATLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is limited liability company signature shall have the same legat effect as if made under oath; that I am a managing member or manager of the ed to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

561-626-2778

4-10.06

JOSEPH F. CRASSEN

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE