2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039550

Entity Name: SUSTAINABLE STRUCTURES, LLC

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

8427 SOUTH PARK CIRCLE, SUITE 150 8427 SOUTH PARK CIRCLE

ORLANDO, FL 32819 SUITE 150

ORLANDO, FL 32819

HAWKINS, MICHAEL W

1900 S HARBOR CITY BLVD.

Current Mailing Address: New Mailing Address:

8427 SOUTH PARK CIRCLE, SUITE 150 8427 SOUTH PARK CIRCLE ORLANDO, FL 32819 SUITE 150

ORLANDO, FL 32819

FEI Number: 20-2995496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SIKES, RONALD W ESQUIRE 1000 EAST ROBINSON STREET, SUITE A

ORLANDO, FL 32801 SUITE 315 MELBOURNE, FL 32901 US

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: MICHAEL W HAWKINS 04/28/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Change (X) Addition () Delete SORCI, JOSEPH J Name: Name: Address: Address: 8427 S PARK CIRCLE STE. 150 City-St-Zip: City-St-Zip: ORLANDO, FL 32819 Title: Title: () Change (X) Addition () Delete Name: Name: ANDERSON, MARK W Address: Address: 8427 S PARK CIR. STE. 150 City-St-Zip: City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: () Change (X) Addition GEMSCH, MARKUS J Name: Name: 8427 S PARK CIRCLE SUITE 150 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32819

() Change (X) Addition Title: () Delete Title:

Name: SORCI, VALLI

Name: 8427 S PARK CIR. STE. 150 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 SORCI 04/28/2006