

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060663

Entity Name: FLORIDA BLDRS LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

16031 E. PREAKNESS DRIVE
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

16031 E. PREAKNESS DRIVE
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 27-0125813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUBAUER, JOE
16031 E. PREAKNESS DRIVE
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEUBAUER, JOE
Address: 16031 E. PREAKNESS DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGR () Delete
Name: NEUBAUER, SYLVIA
Address: 16031 E. PREAKNESS DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGR () Delete
Name: NEUBAUER, JOE A
Address: 323 SWEETWATER CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: NEUBAUER, JOE A
Address: 16031 E. PREAKNESS DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: JOE NEUBAUER

MGR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date