## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000064166

Address:

City-St-Zip: PLANTATION, FL 33317

Entity Name: FLORIDA SIDEWALK SOLUTIONS LLC

FILED Apr 25, 2006 Secretary of State

| Current Principal Place of Business:        |   |                                  | New Principal Place of Business:            |  |  |
|---|---|----------------------------------|---|--|--|
|   | 2 TERRACE<br>ION, FL 33317                                |                                  |   |  |  |
| Current Mailing Address:                    |   |                                  | New Mailing Address:                        |  |  |
|   | 2 TERRACE<br>ION, FL 33317                                |                                  |   |  |  |
| FEI Number:                                 | : 56-2520955  | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )      |  |
| Name and                                    | Address of C  | urrent Registered Agent:         | Name and Address                            | of New Registered Agent:               |  |
|   | STERED AGEN<br>RRY ROAD<br>FL 32351 U                     | _                                |   |  |  |
|   | named entity see of Florida.                              | submits this statement for the p | ourpose of changing its registere           | ed office or registered agent, or both |  |
| SIGNATUF                                    | RE:   |                                  |   |  |  |
| Electronic Signature of Registered Agent    |   |                                  | ent   | Date                                   |  |
| MANAGING MEMBERS/MANAGERS:                  |   |                                  | ADDITIONS/CHANGES:                          | ADDITIONS/CHANGES:                     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGRM ()<br>CALLARI-SDAN<br>925 SW 42 TER<br>PLANTATION, F | RACE                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:                 | MGRM ()<br>SDANKUS, STE<br>925 SW 42 TER                  |                                  | Title:<br>Name:<br>Address:                 | () Change () Addition                  |  |

City-St-Zip:

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: DINA CALLARI-SDANKUS 04/25/2006