## 2007 LIMITED LIABILITY COMPANY

## Iul 10. 2007 08:00 AM ite

ANNUAL REPORT				Jul 10, 200 / 00:00			
1. Entity Nam	MENT # L050000649			Seci	retary of Sta		
	THE CONTRACTOR, LEG						
Principal Place	e of Business	Mailing Address	•				
1336 W. MCN FT. LAUDERD	NAB ROAD DALE, FL 33309	1336 W. MCNAB ROAD FT. LAUDERDALE, FL 33309					
- <del></del>		***************************************					
DO NOT WRITE IN THIS SPA			CE	07052007 No Chg	-LLC C	R2E083 (11/05)	
				4. FEI Number NOT APPLIC	1	Applied For Not Applicable \$5.00 Additional	
				5. Certificate of State	us Desired 📮	Fee Required	
	6. Name and Address of Current F	Registered Agent		<u> </u>			
BRAUN, CYNTHIA H 1336 W. MCNAB ROAD FT. LAUDERDALE, FL 33309			ļ	DO NO	ומואו דר	TE	
			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for ions of registered agent	the purpose of changing its register	ed office or register	ed agent, or both, in th	e State of Florida.	am familiar with, and accept	
SIGNATURE CYNTHIA H. Braun				7/5/07			
OIGINATURE	Signature, typed or printed name of registered agent a		d Agent signature required	when reinstaling)		DATE	
Fil Due t	ing Fee is \$50.00 by September 14, 2007		,				
9.	MĀNAGING MĒMBĒI	RŠ/MANAGERS				,	
TOTE	MGRM						
NAME Street Address	BRAUN, CYNTHIA H 1336 W. MCNAB ROAD						
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		Ì				
TITLE			1		U00000767	7973	
NAME STREET ADDRESS				07	710707-800	7973 026-018 SS.00	
CITY-ST-ZIP							
TITLE			1				
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CITY-ST-ZIP				DO NO	OT WR	ITE	
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STREET ADDRESS CITY-ST-ZIP							
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STREET ADORESS 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: MANUA SIGNATURE SIGNATURE AND STORE OF PRINTED NAME OF PED OR PRINTED NAME OF SIGNING WARAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #