

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068138

FILED
Apr 30, 2007
Secretary of State

Entity Name: BUILD MASTERS ,LC

Current Principal Place of Business:

1757 BANKS RD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1757 BANKS RD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-3264939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEHADEH, MAMOUN
1757 BANKS RD
MARGATE, FL 33063 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: SHEHADEH, MAMOUN
Address: 19824 BOCA GREENS DR
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGR () Delete
Name: SALAMEH, SANA
Address: 19824 BOCA GREENS DR
City-St-Zip: BOCA RATON, FL 33498 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHEHADEH, MAMOUN
Address: 1757 BANKS RD
City-St-Zip: MARGATE, FL 33063 US

Title: MGR (X) Change () Addition
Name: SALAMEH, SANA
Address: 1757 BANKS RD
City-St-Zip: MARGATE, FL 33063 US

Title: MGR () Change (X) Addition
Name: AVIDA, EMAD
Address: 1499 W. PALMETTO PARK RD # 410
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify 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: MAMOU SHEHADEH

MSH

04/30/2007

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