

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/29/2007-90287-011-\$50.00-\$50.00

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DOCUMENT # L05000073092 1. Entity Name CONDECAP CONSTRUCTION, LLC					
Principal Place of Business 2385 EXECUTIVE CENTER DRIVE SUITE #100 BOCA RATON, FL 33431 US			Mailing Address 2385 EXECUTIVE CENTER DRIVE SUITE #100 BOCA RATON, FL 33431 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
5232007 Chg-LLC CR2E083 (12/06)				4. FEI Number 30-0328486	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MURRAY, OMARI 2385 EXECUTIVE CENTER DRIVE SUITE #100 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURRAY, OMARI 201 SW 11TH AVENUE BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2007 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURRAY, STEPHANIE 201 SW 11TH AVENUE BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE:			Date: 9/25/07 Daytime Phone #: (561) 271-9739		

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CONDECAP CONSTRUCTION, LLC.
2385 Executive Center Drive, Suite 100
Boca Raton, FL 33431
Telephone: (561) 271-9739 ● Email: americanmbanc@yahoo.com

November 13, 2007

Florida Department of State
Division of Corporations
Registration/Reinstatement
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301

RE: L05000073092

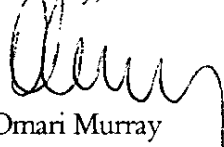
To Whom It May Concern:

Please consider this a formal request to reinstatement the aforementioned Limited Liability Company. After being notified by the Division, we have repeatedly resubmitted the Annual Report but still the LLC remains inactive.

I have enclosed it again for processing.

Please feel free to contact me should you require any further information.

Sincerely,


Omari Murray