


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90151 002 \*\*\*\*50.00

<b>DOCUMENT # L05000073377</b>	
1. Entity Name <b>CONQUER CONSTRUCTION LLC</b>	

Principal Place of Business <b>2771 EXECUTIVE PARK DR 2B WESTON, FL 33331</b>	Mailing Address <b>2771 EXECUTIVE PARK DR 2B WESTON, FL 33331</b>
--	--

2. Principal Place of Business <b>2500 E. HALLANDALE BEACH BLV Suite, Apt. #, etc. 707C</b>	3. Mailing Address <b>2500 E. HALLANDALE BEACH BLV Suite, Apt. #, etc. 707C</b>
--	--

City & State <b>HALLANDALE, FL.</b>	City & State <b>HALLANDALE, FL.</b>
Zip <b>33009</b>	Country <b>USA</b>
Zip <b>33009</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent <b>GOMEZ, HUMBERTO 3801 SOUTH OCEAN DRIVE 4R HOLLYWOOD, FL 33019</b>	
---	--



01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3246518</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSORIO, FERNANDO 2460 EAGLE RUN WAY WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, HUMBERTO 3801 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

**SIGNATURE: HUMBERTO GOMEZ**  **01/27/2006 954-455-8330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #