

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076709

FILED
Sep 03, 2008
Secretary of State

Entity Name: SEGRAVES CONSTRUCTION COMPANY, LLC

Current Principal Place of Business:

6561 PETERS ROAD
PLANTATION, FL 33317

New Principal Place of Business:

4050 CYPRESS HAMMOCK LANE
POMPANO BEACH, FL 33069

Current Mailing Address:

6561 PETERS ROAD
PLANTATION, FL 33317

New Mailing Address:

4050 CYPRESS HAMMOCK LANE
POMPANO BEACH, FL 33069

FEI Number: 20-3330808 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSEN, EVE WAGNER
2101 NORTH ANDREWS AVENUE, SUITE 403
WILTON MANORS, FL 33311 US

Name and Address of New Registered Agent:

ROSEN, EVE WAGNER P.A.
1400 E. OAKLAND PARK BLVD.
202
OAKLAND PARK, FL 33334 US

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: EVE WAGNER ROSEN, P.A.

09/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEGRAVES, JEFFREY S
Address: 6561 PETERS ROAD
City-St-Zip: PLANTATION, FL 33317 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEGRAVES, JEFFREY S
Address: 4050 CYPRESS HAMMOCK LANE
City-St-Zip: POMPANO BEACH, FL 33069 US

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: JEFFREY S. SEGRAVES

MGR.

09/03/2008

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