2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 31, 2007 08:00 AM Secretary of State

	OCUMENT	#	L05000	090360
4	Entity Mamo			

MAZZARA CONSTRUCTION LLC



Principal Place of Business

Mailing Address

724 E. GULF BOULEVARD, SUITE C INDIAN ROCKS BEACH, FL 33785

724 E. GULF BOULEVARD, SUITE C INDIAN ROCKS BEACH, FL 33785



DO NOT WRITE IN THIS SPACE

01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0751115 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

MAZZARA, JOSEPH 724 E. GULF BOULEVARD, SUITE C INDIAN ROCKS BEACH, FL 33785

DO NOT WRITE IN THIS SPACE

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.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE			
	lling Fee is \$50.00 ue by May 1, 2007		00000613745 02/05/07-80050-021 50.00			
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGRM					
NAME	MAZZARA, JOSEPH					
STREET ADDRESS	724 E. GULF BOULEVARD, SUITE C					
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						

DO NOT WRITE IN THIS SPACE

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 provided to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #