FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:25

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000121459

1. Entity Name
DRAGON CONSTRUCTION LLC

Principal Place of Business	Mailing Address
6500 N ATLANTIC AVE SUITE C CAPE CANAVERAL, FL 32920 US	6500 N ATLANTIC AVE SUITE C CAPE CANAVERAL, FL 32920 US

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4095606
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, JANICE M
6500 N ATLANTIC AVE
SUITE C
CAPE CANAVERAL, FL 32920

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

200130105562
05/23/08--01007--011 **1948.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GREENE, MARTIN
STREET ADDRESS	6500 N ATLANTIC AVE
CITY-ST-ZIP	CCAPE CANAVERAL, FL 32920
TITLE	MGR
NAME	GREENE, JANICE M
STREET ADDRESS	6500 N ATLANTIC AVE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: _____ 4/24/08 (321) 799-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #