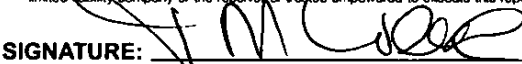


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:25

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000121459		
1. Entity Name DRAGON CONSTRUCTION LLC		
Principal Place of Business 6500 N ATLANTIC AVE SUITE C CAPE CANAVERAL, FL 32920 US		Mailing Address 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		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 _____ 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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREENE, MARTIN 6500 N ATLANTIC AVE CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENE, JANICE M 6500 N ATLANTIC AVE 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		
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 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 #