


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90132 045 ****55.00

DOCUMENT # L06000027470		
1. Entity Name BURRIER CONSTRUCTION LLC		

Principal Place of Business 3637 POPLAR WAY NAPLES, FL 34112	Mailing Address 3637 POPLAR WAY NAPLES, FL 34112
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00004100

2. Principal Place of Business - No P.O. Box # 3916 OUTER DRIVE	3. Mailing Address PO BOX 676
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01142007 Chg-LLC CR2E083 (12/06)

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34112	Country Collier
Zip 34106	Country Collier

4. FEI Number 83-0445811	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BURRIER, DOUGLAS 3637 POPLAR WAY NAPLES, FL 34112	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 3916 OUTER DRIVE	
City NAPLES	FL Zip Code 34112

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURRIER, DOUGLAS D 3637 POPLAR WAY NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Douglas Burrier* **01/14/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #