2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 26, 2007 8:00 am Secretary of State **DOCUMENT # L06000027955** 01-26-2007 90080 030 ****55.00 DANBILT CONSTRUCTION, LLC Principal Place of Business Mailing Address 122 TOMAHAWK DRIVE 122 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc 01162007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For <u>03-0</u>585494 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BILDER, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 122 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937 Zip Code 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 obligation tegistered agent. SIGNATURE 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 MGRM TITLE ☐ Delete TITLE ☐ Addition Change NAME BILDER, DANIEL A STREET ADDRESS 122 TOMAHAWK DRIVE STREET ADDRESS INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED