
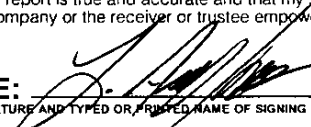


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90255 025 ****50.00

DOCUMENT # L06000058628					
1. Entity Name BY CONSTRUCTION, LLC					
Principal Place of Business 6161 DR. M.L. KING JR. ST. NORTH, #206 ST. PETERSBURG, FL 33703			Mailing Address 6161 DR. M.L. KING JR. ST. NORTH, #206 ST. PETERSBURG, FL 33703		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04302007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5169863				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRONSTEIN, JOEL D 150 2ND AVENUE NORTH, SUITE 1100 ST. PETERSBURG, FL 33701			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D, PICA PAS. BRAMLET, DAVE G. 6161 DR. MARTIN LUTHER KING JR. ST. NO. ST. PETERSBURG, FL 33703			PAGA. YEAGER, KEN 6161 DR. MARTIN LUTHER KING JR. ST. NO. ST. PETERSBURG, FL 33703		
S, CFO KIMMITT JR., L. ALLEN 6161 DR. MARTIN LUTHER KING JR. ST. NO. ST. PETERSBURG, FL 33703			S, CFO KIMMITT JR., L. ALLEN 6161 DR. MARTIN LUTHER KING JR. ST. NO. ST. PETERSBURG, FL 33703		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  L. ALLEN KIMMITT JR. CFO 5/1/07 (727) 571-9200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					