

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078288

FILED
Jul 29, 2007
Secretary of State

Entity Name: MONTESSA CONSTRUCTION, LLC

Current Principal Place of Business:

4497 S OLD FLORAL CITY ROAD
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

4497 S OLD FLORAL CITY ROAD
INVERNESS, FL 34450

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, ANTHONY G JR
3275 W HILLSBORO BLVD
SUITE 207
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

AUTUMN, JOHNSTON CPA
852 US HIGHWAY 41 SOUTH
INVERNESS, FL 34450 US

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.

SIGNATURE: AUTUMN JOHNSTON

07/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GAGE, JULIE
Address: 4497 S OLD FLORAL CITY ROAD
City-St-Zip: INVERNESS, FL 34450

Title: MGR () Delete
Name: GAGE, KEVIN
Address: 4497 S OLD FLORAL CITY ROAD
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIE GAGE

MGR

07/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date