

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED


07 AUG -8 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



08072007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000082781			
1. Entity Name F.B. CONSTRUCTION OF LEON LLC			
Principal Place of Business 1492 KNOXVILLE ROAD TALLAHASSEE, FL 32304		Mailing Address 1492 KNOXVILLE ROAD TALLAHASSEE, FL 32304	
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
		BK	
4. FEI Number		Applied For	
20-5418429		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	BK	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM PATZAN, ROBERTO U <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATZAN, ROBERTO U	NAME	
STREET ADDRESS	1492 KNOXVILLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
800108195728			
08/16/07--01036--005 ***100.00			
TITLE	MGRM ZET, JOSE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZET, JOSE	NAME	
STREET ADDRESS	1492 KNOXVILLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
TITLE	MGRM SABAN, NATALIO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABAN, NATALIO	NAME	
STREET ADDRESS	1492 KNOXVILLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Josco Barron 8/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #