

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000083014

**FILED**  
**Apr 29, 2007**  
**Secretary of State**

**Entity Name:** D.P. SYMONDS CONSTRUCTION, LLC

**Current Principal Place of Business:**

1427 VERNON AVENUE  
#2  
KEY WEST, FL 33040

**New Principal Place of Business:**

915 JOHNSON STEET  
KEY WEST, FL 33040

**Current Mailing Address:**

937 FLEMING STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 20-5415438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRIBRAMSKY, STEVEN R  
937 FLEMING STREET  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SYMONDS, DAVE P  
Address: 1427 VERNON AVENUE # 2  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SYMONDS, DAVE P  
Address: 915 JOHNSON STREET  
City-St-Zip: KEY WEST, FL 33040

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: DAVID P SYMONDS

MANA

04/29/2007

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