


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90035 029 \*\*\*\*50.00

<b>DOCUMENT # L06000090559</b> 1. Entity Name <b>E. MONSIVAIS CONSTRUCTION LLC</b>					
Principal Place of Business <b>116 TOWER MANOR CIR W AUBURDALE, FL 33823</b>			Mailing Address <b>116 TOWER MANOR CIR W AUBURDALE, FL 33823</b>		
2. Principal Place of Business - No P.O. Box # <b>146 Terrell st</b>		3. Mailing Address <b>146 Terrell st</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Auburduale FL</b>		City & State <b>Auburduale FL</b>		4. FEI Number <b>20-5547638</b>	
Zip <b>33923</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MONSIVAIS, MARIA A 116 TOWER MANOR CIR W AUBURDALE, FL 33823</b>			7. Name and Address of New Registered Agent Name <b>Maria A. Monsivais</b> Street Address (P.O. Box Number is Not Acceptable) <b>146 Terrell st</b> City <b>Auburduale FL</b> Zip Code <b>33923</b>		
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 <b>Maria Monsivais</b> DATE <b>4-16-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONSIVAIS, MARIA A 116 TOWER MANOR CIR W AUBURDALE, FL 33823	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONSIVAIS, Maria 146 Terrell st Auburduale FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONSIVAIS, EDUARDO 116 TOWER MANOR CIR W AUBURDALE, FL 33823	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONSIVAIS, Eduardo 146 Terrell st Auburduale, FL 33923	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 606, Florida Statutes.					
SIGNATURE: <b>Maria Monsivais</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4-16-07</b> Daytime Phone # <b>(863)640-1674</b>		