


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90205 044 \*\*\*\*55.00

<b>DOCUMENT # L06000098210</b>	
1. Entity Name GM CONSTRUCTION SERVICES, L.L.C.	

Principal Place of Business 5949 MARVILLE CIRCLE PORT ORANGE, FL 32127 US	Mailing Address 5949 MARVILLE CIRCLE PORT ORANGE, FL 32127 US
---	---

2. Principal Place of Business - No P.O. Box # 5949 MARVILLE CIRCLE Suite, Apt. #, etc.	3. Mailing Address 5949 MARVILLE CIRCLE Suite, Apt. #, etc.
---	---

City & State PORT ORANGE, FL	City & State PORT ORANGE, FL
Zip 32127	Country VOLUSIA

6. Name and Address of Current Registered Agent SORCI, GARY 5949 MARVILLE CIRCLE PORT ORANGE, FL 32127	
---	--

7. Name and Address of New Registered Agent 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: <u>GARY SORCI</u> <small>Signature, typed or printed name of registered agent and true if applicable</small>	DATE: <u>1-4-07</u> <small>(NOTE: Registered Agent signature required when constituting)</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	MGRM SORCI, GARY 5949 MARVILLE CIRCLE PORT ORANGE, FL 32127 <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	MGRM DAMSEL, MIKE 1067 PRESCOTT BLVD. DELTONA, FL 32738 <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
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 608, Florida Statutes.	
SIGNATURE: <u>GARY SORCI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: <u>1-4-07</u> DAYTIME PHONE #: <u>386-960-4680</u>