

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110131

FILED
May 01, 2007
Secretary of State

Entity Name: MSP CONSTRUCTION LLC

Current Principal Place of Business:

4039 S DALE MABRY HWY
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

4039 S DALE MABRY HWY
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 20-5883436 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

MIZE, JASON
4039 S DALE MABRY HWY
TAMPA, FL 33611 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MIZE, JASON
Address: 4039 S DALE MABRY HWY
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM () Delete
Name: SEFAIR, DANIEL
Address: 4039 S DALE MABRY HWY
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM () Delete
Name: PATEL, ANIL
Address: 12006 ROYCE WATERFORD CIRCLE
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

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

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: JASON P MIZE

MGRM

05/01/2007

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