


2004. LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000001252

1. Entity Name
 METROPOLITAN CONSTRUCTION SERVICES, L.C.



Principal Place of Business
 3220 MONET DRIVE W.
 PALM BEACH GARDENS, FL 33410

Mailing Address
 3220 MONET DRIVE W.
 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE



07142004 No Chg-LLC .CR2E083 (10/03)

4. FEI Number 65-0717543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIPPER, IRWIN W
 3220 MONET DR W
 PALM BEACH GARDENS, FL 33410

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SHIPPER, IRWIN 3220 MONET DRIVE W. PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SHIPPER, DAVID 3220 MONET DRIVE W. PALM BEACH GARDENS, FL 33410
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/23/04-80001-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Irwin Shipper Date: 7/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #