File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	199	<u>४</u>	Supple Supple	DIVISION C	OF COR	RPORATIONS	<u>`</u>			98 MAR -	-9 AN	411: 13		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee														
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address DOCLIMENT #								# 3/10						
of Limi	ited Liability Cor	mpany DOCU	JMENT											
				-		000628	Γ	1a. Prin	cipal Plac	ce of Business /	Address			
		CONSTRUCTIO			L.C	•		222	^					
222 CLEMATIS ST., STE. 203 WEST PALM BEACH FL 33401								222 CLEMATIS ST., STE. 203 WEST PALM BEACH FL 33401						
HEGI FAUN DEACH ED 33401								Caw	T FA.	LM DEAC	'u en	3340.	Ţ	
	oat Place of Bus		2a. Mai	2a. Mailing Address				3. Date Organized or Qualified			3a. Stat	te of Formati	ion	
400 Clematis Street			Culto A						00/1	007	FI.			
Suite, Apt. #, etc. Suite #205			Suite, A	Sulte, Apt. #, etc.					4. FEI NUMBer 997			T Apr	olied For	
City & Star			City & S	City & State				65-0760450			•			
West Palm Beach, FL									5. Date of Last Report				t Applicable	
Zip		Country	Zip		Count	ountry		N/A		өрөн	l	6. Certificate of Status Desired  S8.75 Additional Fee Required		
3340		USA					$oldsymbol{\bot}$			<u></u>				
	7. Name	and Address of Current	t Registered	stered Agent Nan			8. Ne	ame and	Address	of New Regis	Istered Agent/Office			
						Hame								
		N SERVICE ,	COMPA	MY		Street Addre	ess (P.f	P.O. Box Number is Not Acceptable)						
	HAYS S AHASSEE	FL 32301												
*****	MIMOUM	I EH OLOGI			Suite, Apt. #, etc.									
									1-42-8-22					
					City			Zip Coo			Ð			
9. Pursus	ant to the provis	sions of Sections 608.416	and 608.50	8. Florida Statuf	tes, the ε	Labove-named li	imited li	iability co	mpany si	ubmits this state	ement for the	he purpose (	of changing	
its register	red office or regi	istered agent, or both, in the accept the obligations.	e State of Fig	orida. Such char	nge was a	authorized by af	iffirmativ	ve vote of	a majority	y of the member	s. I hereby	accept the a	ppointment	
as rogisio	160 agont, and	accept the obligations.												
SIGNATURE								<del></del>	ם	DATE				
10. Title	Mar	naging Members/Manage		Business Street Address						City,	, State and	d Zip Code		
									<b>,</b>	·			"	
	1								l					
MGR EACOTT, JAMES H				30 TOBEY RD.						BLOOMF	IELD	FIELD CT		
MGR	COTTER	R, TONY		222- ELEMATIS- ST,-				ድሞት-	جهو ـ	Special at		<b>心坐河水油</b>	erer,	
HOR GOTTER, TONT				400 Clematis St.,										
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11. Idohe	reby certify that	the information supplied w	vith this filing	does not qualify	for the ex	xemption stated	din Sect	tion 119.0	07(3)(i), F	lorida Statutes.	I further ce	ertify that the	information	

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** 

ANTHONY COTTER

3/2/98

561-804.9662

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