

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007153

FILED
Apr 26, 2004
Secretary of State

Entity Name: PROCON CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

2763 WEST ORCHARD CIRCLE
DAVIE, FL 33328

New Principal Place of Business:

41 SE 9TH ST
SUITE A
DEERFIELD BEACH, FL 33441

Current Mailing Address:

2763 WEST ORCHARD CIRCLE
DAVIE, FL 33328

New Mailing Address:

41 SE 9TH ST
SUITE A
DEERFIELD BEACH, FL 33441

FEI Number: 65-0957302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JAY
2763 W ORCHARD CIRCLE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: WILSON, JAY R
Address: 2763 WEST ORCHARD CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: MGR () Delete
Name: FELIX, JEFFREY
Address: 2763 WEST ORCHARD CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: MGR () Delete
Name: OBERMAN, RAYMOND
Address: 2763 WEST ORCHARD CIRCLE
City-St-Zip: DAVIE, FL 33328

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 for the exemption stated in Section 119.07(3)(i), 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: JAY WILSON

MGR

04/26/2004

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