## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 20, 2004 8:00 am Secretary of State

DOCUMENT # M0300003432  1. Entity Name METROPOLITAN CONSTRUCTION SERVICES - FLORIDA, LLC						04-20-2004 90186 027 ****50.00				
Principal Place of Business Mailing Address						٠,		1:	, •	
2901 BUTTERFIELD RD. 2901 BUTTERFIELD R OAK BROOK, IL 60523 OAK BROOK, IL 6052							III <b>48</b> 780 IZII <b>46</b> 14 <b>8</b> 511 <b>8</b>		• •	
2. Principal Place of Business		3. Mailing Address				4				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04062004	Chg-LLC	CR2E	83 (10/03)	
City & State		City & State			4. FEI Numb	SD FOR 30-	020400	) Ar	oplied For ot Applicable	
Zip			Coun	try		5. Certificate of Status Desired   \$5.00 Addition Fee Required				
	6. Name and Address of Current	Registered Agent		Name-		7. Name an	d Address of New	Registered	Agent	
C T CORPORATION SYSTEM				Name-	Name ft .					
1200 SOU	TH PINE ISLAND ROAD ION, FL 33324		Street Address			(P.O. Box Number is Not Acceptable)				
				City						
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office o	r registere	ed agent, or b	oth, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE .	0:									
	Signature, typed or printed name of registered agent	and little if applicable. (NOTI	E: Registered	d Agent signa	ture required	when reinstating)		DATE		
Fi D	illing Fee is \$50.00 ue by May 1, 2004	and little if applicable. (NOTI	E: Registered	d Agent signa	ture required	when reinstating)		ke check p	ayable to ent of State	
9. ·	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMB		E: Registered	d Agent signa			Florid	ke check p	ent of State	
9. TITLE	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBI		10.		MGRM		Florid ADDITIONS	ke check p da Departm	ent of State	
9. ·	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBI MGR BLUME, DOUGLAS P	ERS/MANAGERS	10. TITLE NAME	E E	MGRM		Florid ADDITIONS	ke check p da Departm	ent of State	<b>e</b>
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I hereby certify that the information supplied with this filing does not qualify 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 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.

4/14/04 630-218-800p JRE: Douglas P. Blume, Authorized Representative
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date