

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90032 042 \*\*\*\*55.00

**DOCUMENT # M06000006465**  
 1. Entity Name  
**ALL PHASE CONSTRUCTION SERVICES LLC**



Principal Place of Business      Mailing Address  
**4464 ATWOOD CAY CIRCLE**      **4464 ATWOOD CAY CIRCLE**  
**SARASOTA, FL 34233**      **SARASOTA, FL 34233**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**BREIJAK, MARK L**  
~~22206 MONTROSE AVENUE~~      *4464 Atwood Cay Circle*  
~~PORT CHARLOTTE, FL 33952~~      *Sarasota, FL 34233*

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07052007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**38-2739626**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BREIJAK, MARK 44156 ELIZABETH ROAD CLINTON TWP, MI 48036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Mark L. Breijak*      Date *7-5-07*      Daytime Phone # *941-625-4810*