

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000007151

FILED
May 29, 2007
Secretary of State

Entity Name: RESTORATION CONSTRUCTION & CONSULTING, LLC

Current Principal Place of Business:

2141 PRIEST BRIDGE DRIVE, SUITE 7
CROFTON, MD 21114

New Principal Place of Business:

2147 PRIEST BRIDGE DRIVE, SUITE 1
CROFTON, MD 21114

Current Mailing Address:

2141 PRIEST BRIDGE DRIVE, SUITE 7
CROFTON, MD 21114

New Mailing Address:

2147 PRIEST BRIDGE DRIVE, SUITE 1
CROFTON, MD 21114

FEI Number: 25-1914257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARDO, JEFFREY
2 SOUTH BISCAYNE BOULEVARD
SUITE 2475
MIAMI, FL 33131 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/MANAGERS:

Title: MGR () Delete
Name: DONNELLY, DENNIS H
Address: 12603 KNOWLEDGE LANE
City-St-Zip: BOWIE, MD 20715

Title: MGR () Delete
Name: EASTMAN, DANIEL
Address: 42 BIRCH HILL ROAD
City-St-Zip: SOMERS, CT 06071

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, 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: DENNIS H DONNELLY

MGR

05/29/2007

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