


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000038366 1. Entity Name LUJAN CONSTRUCTION L.L.C.	
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Principal Place of Business 16909 NORTH BAY RD. 411 SUNNY ISLES, FL 33160	Mailing Address 16909 NORTH BAY RD. 411 SUNNY ISLES, FL 33160
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 54-2130399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LUJAN, SERGIO A  
 16909 NORTH BAY RD.  
 411  
 SUNNY ISLES, FL 33160

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

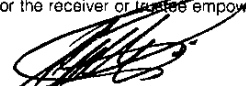
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUJAN, SERGIO A 16909 NORTH BAY RD. - APT. 411 SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUJAN, ENRIQUE L.D. 1150 N.W. 72ND AVE., #555 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 05/22/07-80025-013 150.00

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:       04/26/07      386 285 4639

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #