


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90011 037 \*\*\*\*50.00

<b>DOCUMENT # L03000043448</b> 1. Entity Name <b>CONSTRUCTA PROPERTIES, LLC</b>	
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Principal Place of Business <b>1501 COLLINS AVE., 3RD FLOOR MIAMI BEACH, FL 33139</b>	Mailing Address <b>520 BRICKELL KEY DR. SUITE 0-305 MIAMI, FL 33131</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01062005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  <b>TRANSGLOBAL CORPORATE ADMINISTRATION, INC 520 BRICKELL KEY DR, STE 0-305 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name <b>Transglobal Corp. Administration, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 Brickell Key Dr.</b> Suite <b>0-305</b> City <b>Miami</b> FL Zip Code <b>33131</b>
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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 *[Signature]* **J.P. Stephen A. Fran** DATE 4/16/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</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 BARBERA, JACQUES 1501 COLLINS AVE., 3RD FLOOR MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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.

SIGNATURE: *[Signature]* **JACQUES BARBERA** 04/12/05 (305)374.38.00

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