APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000111274

1. Entity Name
CARPATHIAN CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
2100 PONCE DE LEON BLVD., SUITE 825 CORAL GABLES, FL 33134	2100 PONCE DE LEON BLVD., SUITE 825 CORAL GABLES, FL 33134

89
1-24-08

01082008 Chg-LLC CR2E083 (12/06)

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

4. FEI Number 30-0391261 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, DEAN A 2100 PONCE DE LEON BLVD., SUITE 825 CORAL GABLES, FL 33134	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THOMAS, DEAN A 3455 BELMONT TERRACE DAVIE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Beauchamp, Daniel L. 1111 Brickell Bay Drive, Apartment 2106 Miami, Florida 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BEAUCHAMP, JAMES B 3916 GRANADA BLVD CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Hart, Maribel 5700 Alton Road Miami Beach, Florida 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CRISSEY, DONALD L 16005 W 74 CT PALMETTO BAY, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800116368938 01/29/08--01039--018 **288.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ARTZT, BENJAMIN K 6241 SW 36 ST MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMITH, BRADFORD N 1009 MANGO ISLE FORT LAUDERDALE, FL 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROSS, BLAKE P 2935 CENTER ST COCONUT GROVE, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 1/8/08 305-445-0819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #