2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035035

Entity Name: YIREH CONTRACTING GROUP, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1289 MAJESTY TERRACE WESTON, FL 33327	12401 TROPIC DRIVE JACKSONVILLE, FL 32225

Current Mailing Address:	**New Mailing Address:**
1289 MAJESTY TERRACE WESTON, FL 33327	12401 TROPIC DRIVE JACKSONVILLE, FL 32225

FEI Number: 20-8770591   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
JARAMILLO, VICTOR H 1289 MAJESTY TERRACE WESTON, FL 33327 US	JARAMILLO, VICTOR H 12401 TROPIC DRIVE JACKSONVILLE, FL 32225 US

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: JUAN J. PEREZ   04/30/2009
_____
             Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	JARAMILLO, VICTOR H	Name:	JARAMILLO, VICTOR H
Address:	1455 SUNSET WAY	Address:	12401 TROPIC DRIVE
City-St-Zip:	WESTON, FL 33327	City-St-Zip:	JACKSONVILLE, FL 32225
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	CUARTAS, MONICA J	Name:	CUARTAS, MONICA J
Address:	1455 SUNSET WAY	Address:	12401 TROPIC DRIVE
City-St-Zip:	WESTON, FL 33327	City-St-Zip:	JACKSONVILLE, FL 32225

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: VICTOR JARAMILLO   MGRM   04/30/2009
_____
       Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date