

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012036

FILED
Apr 29, 2004
Secretary of State

Entity Name: MOGO CONSTRUCTION, L.L.C.

Current Principal Place of Business:

1920 E HALLANDALE BEACH BLVD
STE 708
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1920 E HALLANDALE BEACH BLVD
STE 708
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-1043885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILIAN SREDNI, P.A.
20900 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

Name and Address of New Registered Agent:

LILIAN SREDNI, P.A.
1380 NE MIAMI GARDENS DRIVE
SUITE 246
NORTH MIAMI BEACH, FL 33179 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: LILIAN SREDNI 04/29/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GORIN, MOISES
Address: 1920 E HALLANDALE BEACH BLVD STE 708
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GORIN, MOISES
Address: 1920 E HALLANDALE BEACH BLVD STE 708
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: GORDIN, ANA
Address: 1720 E HALLAND BCH BLVD STE 708
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MOISES GORIN MGR 04/29/2004

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