

REINSTATEMENT

2002 FORM BUSINESS REINSTATEMENT
DOCUMENT # L010000058
L010000058 9058

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 30 AM 10:41

ENGINEERED CONCRETE STRUCTURES L.L.C.
REINSTATEMENT 2002
Principal Place of Business Mailing Address
701 BRICKELL AVE. 701 BRICKELL AVE.
SUITE 3000 SUITE 3000
MIAMI FL 33131 MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address
2121 PONCE DE LEON BLVD 2121 PONCE DE LEON BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
721 721

City & State City & State
CORAL GABLES, FL CORAL GABLES, FL
Zip Country Zip Country
33134 33134

4. FEI Number Applied For
65-1110315 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name ALBERT P. VEGA
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.
SUITE 721
City CORAL GABLES FL Zip Code 33134

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.
SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 10/28/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Capdevielle, Xavier 2121 Ponce de Leon Blvd., #721 Coral Gables, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400008699964 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/30/02--01074--002 **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER LUIS OSELLA 2121 PONCE DE LEON BLVD, #721 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED DATE 10/28/02

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CR2E083 (9/01)