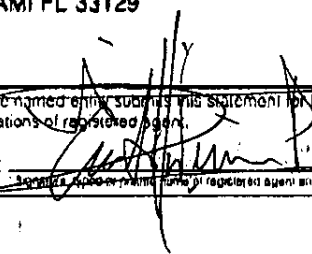
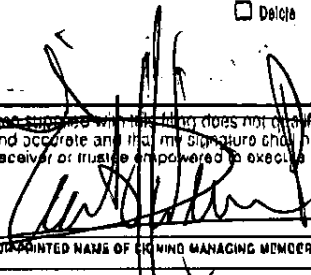


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90258 010 ****50.00

DOCUMENT # L02000018026			
1. Entry Name WEISSON CONSTRUCTION GROUP LLC			
Principal Place of Business C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE MIAMI FL 33129		Mailing Address C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE MIAMI FL 33129	
2. Principal Place of Business 50 W Mashta Drive Suite, Apt. #, etc. Suite # 2 City & State Key Biscayne FL Zip 33149 Country		3. Mailing Address 50 W Mashta Drive Suite, Apt. #, etc. Suite # 2 City & State Key Biscayne FL Zip 33149 Country	
4. FEI Number 30-0109789		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL-COSIO, SOFIA 1900 SW 3RD AVE MIAMI FL 33129		7. Name and Address of New Registered Agent Name Ernesto H. Weisson Street Address (P.O. Box Number is Not Acceptable) 50 W Mashta Drive Suite # 2 City Key Biscayne FL Zip Code 33149	
8. The above named entry 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 		DATE: _____	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEISSON HOLDING LLC 1111 BRICKELL AVE, 11TH FL MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Weisson Holding, LLC 50 W Mashta Drive Suite # 2 Key Biscayne FL 33149 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information submitted 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 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: 		DATE: 3/24/04 (736) 924-8000	