03/10/2004 13:15 SOFIA POWELL-COSIO → 3053658686

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Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90258 010 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000018026

1. Entity Name
WEISSON CONSTRUCTION GROUP LLC

Principal Place of Business	Mailing Address
C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE MIAMI FL 33129	C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE MIAMI FL 33129

24034162

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
50 W Mashta Drive	50 W Mashta Drive
Suite, Apt. #, etc.: Suite #2	Suite, Apt. #, etc.: Suite #2
City & State: Key Biscayne FL	City & State: Key Biscayne FL
Zip: 33149 Country	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 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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	WEISSON HOLDING LLC		NAME	Weisson Holding, LLC	
STREET ADDRESS	1111 BRICKELL AVE., 11TH FL		STREET ADDRESS	50 W Mashta Drive Suite #2	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Key Biscayne FL 33149	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

PLEASE SIGN

SIGNATURE: [signature] 3/24/04 (786) 924-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #