

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028177

FILED
Jan 12, 2007
Secretary of State

Entity Name: SOARES DA COSTA CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

7270 NW 12TH ST. SUITE 500
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7270 NW 12TH ST. SUITE 500
MIAMI, FL 33126

New Mailing Address:

7270 NW 12TH ST. SUITE 100
MIAMI, FL 33126

FEI Number: 83-0340038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEVINE GOODMAN PALLOT & WELLS PA
777 BRICKELL AVENUE
SUITE 850
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FAUSTINO, LUIS M
Address: 18001 OLD CUTLER ROAD, SUITE 570
City-St-Zip: MIAMI, FL 33157

Title: MGRP () Delete
Name: LOWRY, VICTOR M
Address: 18001 OLD CUTLER ROAD, SUITE 570
City-St-Zip: MIAMI, FL 33157 US

Title: MGR () Delete
Name: ESTEVES, ANTONIO M
Address: 18001 OLD CUTLER ROAD, SUITE 570
City-St-Zip: MIAMI, FL 33157 US

Title: V (X) Delete
Name: FIRSTENBERGER, BUD
Address: 18001 OLD CUTLER ROAD, SUITE 570
City-St-Zip: MIAMI, FL 33157

Title: CFO (X) Delete
Name: FAUSTINO, LUIS M
Address: 18001 OLD CUTLER ROAD, SUITE 570
City-St-Zip: MIAMI, FL 33157

Title: CEO (X) Delete
Name: ESTEVES, ANTONIO M
Address: 18001 OLD CUTLER ROAD, SUITE 570
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FAUSTINO, LUIS M
Address: 7270 NW 12 ST., STE PH3
City-St-Zip: MIAMI, FL 33126

Title: MGR (X) Change () Addition
Name: LOWRY, VICTOR M
Address: 7270 NW 12 ST., STE 500
City-St-Zip: MIAMI, FL 33126 US

Title: MGR (X) Change () Addition
Name: ESTEVES, ANTONIO M
Address: 7270 NW 12 STREET, SUITE PH3
City-St-Zip: MIAMI, FL 33126 US

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

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

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 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: LUIS M. FAUSTINO

MGR

01/12/2007

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