## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 18, 2005 08:00 AM

DOCUMENT # L03000013782  1. Entity Name SUENGAS CONSTRUCTION, L.L.C.	Secretary of State
Principal Place of Business  3202 SW 147TH AVENUE DAVIE, FL 33330  Mailing Address 3202 SW 147TH AVENUE DAVIE, FL 33330  DAVIE, FL 33330	
DO NOT WRITE IN THIS SPA	01052005 No Chg-LLC CR2E083 (10/03)
DO NOT WRITE IN THIS SPA	47-0916658   Not Applicable
5. Name and Address of Current Registered Agent	5. Certificate of Status Desired Specificate of Status Desired Fee Required
SUENGAS, MANUEL 3202 SW 147TH AVENUE DAVIE, FL 33330	DO NOT WRITE IN THIS SPACE
8. The above named entity/submits this statement for the purpose of changing its register the obligations of refusered agent.  SIGNATURE  Signature, Afect or printed name of registered agent and title if applicable. (NOTE projector)	explifice or registered agent, or both, in the State of Florida. I am familiar with, and accept
Filing Fee is \$50.00 Due by May 1, 2005	
9. MANAGING MEMBERS/MANAGERS	
TITLE P NAME SUENGAS, MANUEL STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33330	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	000000184292 01720705-80024-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(f), Florida Statutes, I further certify that the information indicated on this report is fixed and eccurate 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: MANUE SUNAS SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZE	ED REPRESENTATIVE Date Daytime Phone #