

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 13 PM 3:06

CR2E041 (8/05)

DOCUMENT # **LD3000014558** *Annual Reports*

1. Limited Liability Company's Name

Construction Management Alliance, LLC

2. Principal Office Address

6615 W Boynton Beach Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

#172

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

City & State

Zip

33437

Country

US

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4/23/2003

6. FEI Number

54-2107497

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Business Filings Inc

Street Address (D.O. Box Number is Not Acceptable)

660 E. JEFFERSON ST.

Suite Apt # Etc.

800067722168

03/13/06--01001--015 \*\*300.00

City

TALLAHASSEE,

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	James E. Brady	6615 W. Boynton Beach Blvd	Boynton Beach , FL 33437

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Date

3/9/06

Daytime Phone #

904-506,5703

Typed or printed name of signing Managing Member/Manager

J. ERNEST BRADY



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LD3000014558

March 8, 2006

**VIA UPS Overnight**

Divisions of Corporations  
Attn: Melinda Lilliston  
2661 Executive Center  
Clifton Building  
Tallahassee, FL 32301

Dear Ms Lilliston,

Please find the enclosed money order to replace ck number 2429 from Construction Management Alliance LLC dated October 18, 2004. We are delinquent in this matter due to a shut down in our operations in 2004-2005. The recent hurricanes forced us to move from our office in Delray Beach.

We have a new address: 6615 W. Boynton Beach Blvd  
Boynton Beach Florida 33437  
Phone: 561.506.5703  
Facsimile: 561.277.2502

I appreciate all of your assistance with this matter.

Sincere Regards,

J. Ernest Brady  
Managing Partner

52298-E  
Debt Memo  
2004 Reinst.  
600067473436  
03/09/06--01025--002 \*\*165.00  
\$165.00