


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

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| DOCUMENT # L03000046589 1. Entity Name CONSTANTINO CONSTRUCTION, LLC |  |
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| Principal Place of Business 200 NE 165TH STREET CITRA, FL 32113 | Mailing Address 200 NE 165TH STREET CITRA, FL 32113 |
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| DO NOT WRITE IN THIS SPACE |
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01102008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 59-3153898 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CONSTANTINO, VITTORIO 200 NE 165TH STREET CITRA, FL 32113 |
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CONSTANTINO, VITTORIO 200 NE 165TH STREET CITRA, FL 32113 |
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| <p>1100000792266 01/23/08-80060-026 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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| SIGNATURE:  VITTORIO CONSTANTINO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | 1-21-08 <small>Date</small> | 352-843-7190 <small>Operating Phone #</small> |
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