





# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90162 004 \*\*\*\*50.00

<b>DOCUMENT # L04000002245</b> 1. Entity Name <b>VIRTUS CONSTRUCTION, LLC</b>					
Principal Place of Business <b>1150 NW 72 AVENUE SUITE 500 MIAMI, FL 33126</b>			Mailing Address <b>1150 NW 72 AVENUE SUITE 500 MIAMI, FL 33126</b>		
2. Principal Place of Business <b>1150 NW 72 Ave</b> Suite, Apt. #, etc. <b>Suite 620</b> City & State <b>Miami, Florida</b> Zip <b>33126</b>		3. Mailing Address <b>1150 NW 72 Ave</b> Suite, Apt. #, etc. <b>Suite 620</b> City & State <b>Miami, Florida</b> Zip <b>33126</b>			
4. FEI Number <b>20-0567213</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MONTERO, MICHAEL T 1150 NW 72 AVENUE SUITE 500 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>Montero, Michael T.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1150 NW 72 Ave</b> <b>Suite 620</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</b>		
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  <b>Michael T. Montero</b> <b>03/23/2005</b> <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MONTERO, MICHAEL T 1150 NW 72 AVENUE MIAMI, FL 33126</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR Montero, Michael T. 1150 NW 72nd Ave, Ste. 620 Miami, Florida 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:  <b>Michael T. Montero</b> <b>03/23/2005</b> <b>305.994.9494</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					