## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Sep 07, 2005 8:00 am Secretary of State 09-07-2005 90003 003 \*\*\*\*50.00

Principal Place of Business	DOCUMENT # L04000024031  1. Entity Name SHARP CONSTRUCTION, L.L.C.							03 07 <b>2</b> 000 30		50.0		
Suite, Apt. #, etc.   Suite	540 BRICKEL	L KEY DRIVE		540 BRICKELL KEY DRIVE, NO. 506		1 (4 %)(8) ( 1						
City & State    City & State   City & State   City & State   4. FEI Number   Application   Applicati	2. Principal P	lace of Busine	ess	3. Mailing Address								
Zip   Country   Zip   Country   S. Certificate of Status Desired   Statu	Suite, Apt. #, etc.			Suite, Apt. #, etc.		09012005	Chg-LLC	CR2E08	3 (10/03)			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURAN, ALFREDO G 2801 SOUTH BAYSHORE DRIVE, SUITE 1400 MIAMI, FL 33133  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and the state of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE	City & State			City & State		4. FEI Numb	er		1			
DURAN, ALFREDO G 2601 SOUTH BAYSHORE DRIVE, SUITE 1400  MIAMI, FL 33133  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 familier with, and accept the obligations of registered agent.  SIGNATURE  TITLE  MARA GRING MEMBERS/MANAGERS  TITLE  MARA LARRIQUE B  SIRET ADDRESS  SIRET ADDRESS  CITY-ST-2P  TITLE  MARA SIRET ADDRESS  CITY-ST-2P  TITLE  MARE  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET AD	Zip	Zip Country		Zip Country		5. Certificate						
DURAN, ALFREDO G 2601 SOUTH BAYSHORE DRIVE, SUITE 1400  MIAMI, FL 33133  City FL Zip Code  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. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Florida. Tam familiar with, and accept the following the property of the state of Florida Department of State  Filling Fee is \$50.00  Due by September 7, 2005  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  MAKE Check payable to Florida Department of State  Part ADDITIONS/CHANGES  OMGR  APA, ENRIQUE B  A		6. Name	and Address of Current	Registered Agent		Name	7. Name an	Address of New Re	egistered A	gent		
B. 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  Filling Fee is \$50.00  Due by September 7, 2005  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE  NAME  LARA, ENRIQUE B  STREET ADDRESS  CITY-ST-2P  FORMANA, FL 33131  TILE  MARE  LARA, ENRIQUE B  STREET ADDRESS  CITY-ST-2P  TOTAL  ARA, ENRIQUE B  STREET ADDRESS  CITY-ST-2P  TOTAL  ARAGINO  CORAL GABLES, FL 33134  TOTAL  ARAGINO  CITY-ST-2P  CITY-ST-2P  TOTAL  ARAGINO  CITY-ST-2P  CITY-ST-2P  TOTAL  ARAGINO  CITY-ST-2P  CITY-ST-2P  TOTAL  ARAGINO  CITY-ST-2P  CITY-ST-2P  TOTAL  ARAGINO  ARAGINO  ARAGINO  ARAGINO  ARAGINO  ARAGINO  ARAGINO  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY	2601 SOUTH BAYSHORE DRIVE, SUITE 1400											
THE HAME LARA, ENRIQUE B STREET ADDRESS CITY-ST-2P CORAL GABLES, FL 33134  THILE MAKE STREET ADDRESS CITY-ST-2P CORAL GABLES, FL 33134  THILE MAKE STREET ADDRESS CITY-ST-2P CIT			v v			City			FL	Zip Code		
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE NAME LARA, ENRIQUE B SAG BRICKELL KEY DR., NO. 506  ITILE NAME LARA, ENRIQUE B SAG BRICKELL KEY DR., NO. 506  ITILE NAME LARA, ENRIQUE B SAG BRICKELL KEY DR., NO. 506  ITILE NAME LARA, ENRIQUE B SIRET ADDRESS CITY-ST-2IP  ITILE NAME LARA, ENRIQUE B SIRET ADDRESS CITY-ST-2IP  ITILE NAME STREET ADDRESS CITY-ST-2	the obligat	Signature, typed	ered agent.  or printed name of registered agent : \$50.00					Maki	DATE e check pa	yable to		
TITLE NAME LARA, ENRIQUE B 540 BRICKELL KEY DR., NO. 506  CITY-ST-2P  TITLE NAME LARA, ENRIQUE B 540 BRICKELL KEY DR., NO. 506  MIAMI, FL 33131  TITLE NAME LARA, ENRIQUE B 1ALHAMBRA CIRCLE, APT. 403  CITY-ST-2P  CORAL GABLES, FL 33134  TITLE NAME SIREET ADDRESS CITY-ST-2P		y septen			<u> </u>			·			, 	
NAME STREET ADDRESS CITY- ST- ZIP  TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS	LARA, EN 540 BRICH	RIQUE B KELL KEY DR., NO. 50	☐ Delete	TITL NAM STR	E AE EET ADDRESS		ADDITIONS/	CHANGES	Change	Addition	
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1. 3.1. A regressive construction to the process of the control of the process of the control of	NAME STREET ADORESS CITY+ST-ZIP				NAA Str Cit	AE LEET ADDRESS Y-ST-ZIP	0					

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.