

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90022 024 ****50.00

DOCUMENT # L04000054371					
1. Entity Name JUSTINIANO CONSTRUCTION, LLC					
Principal Place of Business 2126 WALDEN PARK 201 KISSIMMEE, FL 34744			Mailing Address P.O. BOX 692724 ORLANDO, FL 32869		
2. Principal Place of Business 808 Woodfield CT Suite, Apt., etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Kissimmee FL		City & State		4. FEI Number 20-1383656	
Zip 34744		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BERIO-VELEZ, ILEANA M 2122 WALDEN PARK APT. #204 KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name: <u>Justiniano Rodriguez, Luis R.</u> Street Address (P.O. Box Number is Not Acceptable) 808 Woodfield CT City: <u>Kissimmee</u> FL Zip Code: <u>34744</u>		
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:				DATE: <u>03/21/06</u>	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JUSTINIANO-RODRIGUEZ, LUIS R P.O. BOX 692724 ORLANDO, FL 32869		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JUSTINIANO-RODRIGUEZ, GUSTAVO P.O. BOX 692724 ORLANDO, FL 32869		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	
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	
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	
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 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.					
SIGNATURE:				DATE: <u>03/21/06</u>	