

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000057039

**FILED**  
**May 21, 2008**  
**Secretary of State****Entity Name:** ARCA CONSTRUCTION L.L.C.**Current Principal Place of Business:**1331 BRICKELL BAY DR.  
1207  
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**4471 FOX RIDGE DR.  
WESTON, FL 33331**New Mailing Address:****FEI Number:** 20-2690170**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ARMEL, JUAN C  
4471 FOX RIDGE DR.  
WESTON, FL 33331 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** CANO, JUAN GULLERMO  
**Address:** 4471 FOX RIDGE DR.  
**City-St-Zip:** WESTON, FL 33331**Title:** MGR ( ) Delete  
**Name:** ARMEL, JUAN C  
**Address:** 4471 FOX RIDGE DR.  
**City-St-Zip:** WESTON, FL 33331**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** CANO, JUAN GULLERMO  
**Address:** 4422 LAUREL PLACE  
**City-St-Zip:** WESTON, FL 33332**Title:** MGR (X) Change ( ) Addition  
**Name:** CANO, GERMAN  
**Address:** 4422 LAUREL PLACE  
**City-St-Zip:** WESTON, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN CANO

SR

05/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date