

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060602

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: REYES GROUP GENERAL CONSTRUCTION, LLC

**Current Principal Place of Business:**

5542 NW 53 CIR.  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

4891 NW 53 CIRCLE  
SUNRISE, FL 33351 US

**Current Mailing Address:**

5542 NW 53 CIR.  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

P.O BOX 970022  
COCONUT CREEK, FL 33097 US

FEI Number: 20-1542613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REYES, MAXINE WHITELY  
5542 NW 53 CIR.  
COCONUT CREEK, FL 33073 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: REYES, RENE  
Address: 4331 REFLECTIONS BLVD #206  
City-St-Zip: SUNRISE, FL 33351 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: REYES, RENE  
Address: 5542 NW 53 CIR  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGM ( ) Change (X) Addition  
Name: REYES, MAXINE  
Address: 5542 NW 53 CIR  
City-St-Zip: COCONUT CREEK, FL 33073

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: MAXINE REYES

MGM

04/30/2008

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