

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000028182

FILED
May 02, 2006
Secretary of State**Entity Name:** TOPOGENIE CONSTRUCTION & REALITY INVESTMENTS, LLC**Current Principal Place of Business:**1121 SW 87TH TERRACE
PEMBROKE PINES, FL 33025 US**New Principal Place of Business:****Current Mailing Address:**1121 SW 87TH TERRACE
PEMBROKE PINES, FL 33025 US**New Mailing Address:****FEI Number:** 20-2560531**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIEUDONNE, LOUCIN
1121 SW 87TH TERRACE
PEMBROKE PINES, FL 33025 US**Name and Address of New Registered Agent:**ETIENNE, DOMINIQUE
1121 SW 87TH TERRACE
PEMBROKE PINES, FL 33025 US

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: DOMINIQUE ETIENNE

05/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: DIEUDONNE, LOUCIN
Address: 1121 SW 87TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025 US**Title:** MGRM (X) Delete
Name: DIEUDONNE, YVA
Address: 1121 SW 87TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025 US**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: ETIENNE, DOMINIQUE
Address: 1121 SW 87TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE DOMINIQUE ETIENNE

MGR

05/02/2006

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