

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042183

Entity Name: CONSTRUMAX LLC

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

600 BRICKELL AVENUE, SUITE 301F
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

600 BRICKELL AVENUE, SUITE 301F
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-3274534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TMP GROUP, INC.
200 S.E. 15 RD
PENTHOUSE K
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

TMP GROUP INC
600 BRICKELL AVE
301 F
MIAMI, FL 33131 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: DIEGO R ESPINOSA

02/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TMP GROUP, INC.,
Address: 200 S.E. 15 RD #PENTHOUSE K
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: INMOBILIARIUM CORPOR, ATION
Address: 600 BRICKELL AVE #300-F
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARTAGENERA DEVELOPM, ENT INC
Address: 600 BRICKELL AVE 301-F
City-St-Zip: MIAMI, FL 33129

Title: MGR (X) Change () Addition
Name: INMOBILIARIUM CORPOR, ATION
Address: 600 BRICKELL AVE #301-F
City-St-Zip: MIAMI, FL 33131

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: DIEGO R ESPINOSA

MGR

02/22/2006

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