

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078074

FILED
Apr 30, 2008
Secretary of State

Entity Name: KALTEC COSNTRUCTION MANAGEMENT, LLC

Current Principal Place of Business:

644 WEKIVA FALLS
WEKIVA RIVER ROAD
SORRENTO, FL 32776

New Principal Place of Business:

664 WEKIVA FALLS
WEKIVA RIVER ROAD
SORRENTO, FL 32776

Current Mailing Address:

380 SOUTH STATE ROAD 434, 1004-106
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 11-3758753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALINS, ROBERT
644 WEKIVA FALLS
WEKIVA RIVER ROAD
SORRENTO, FL 32776 US

Name and Address of New Registered Agent:

KALINS, ROBERT
664 WEKIVA FALLS
WEKIVA RIVER ROAD
SORRENTO, FL 32776 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: ROBERT KALINS

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KALINS, ROBERT
Address: 644 WEKIVA FALLS
City-St-Zip: SORRENTO, FL 32776

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KALINS, ROBERT
Address: 664 WEKIVA FALLS
City-St-Zip: SORRENTO, FL 32776

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: ROBERT KALINS

OWNE

04/30/2008

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