


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90147 001 ***100.00

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| DOCUMENT # L05000089521 |  |
| 1. Entity Name THOMAS' CONSTRUCTION C.S.T., L.L.C. | |

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| Principal Place of Business 169 E. FLAGLER STREET STE. 1534 MIAMI, FL 33131 | Mailing Address 169 E. FLAGLER STREET STE. 1534 MIAMI, FL 33131 |
|---|---|

30005270



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| 2. Principal Place of Business - No P.O. Box # 150 SE 2 AVE Suite, Apt. #, etc. STE. 900 City & State MIAMI FL Zip 33131 | 3. Mailing Address 150 SE 2 AVE Suite, Apt. #, etc. STE. 900 City & State MIAMI FL Zip 33131 |
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02232007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-3446125 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CARRIZO, CARLOS 169 E. FLAGLER STREET STE. 1534 MIAMI, FL 33131 | 7. Name and Address of New Registered Agent Name CARRIZO CARLOS Street Address (P.O. Box Number is Not Acceptable) 150 SE 2 AVE STE 900 City MIAMI FL Zip Code 33131 |
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| 8. 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. I am familiar with, and accept the obligations of registered agent. | SIGNATURE _____ DATE 3/28/07 |
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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CARRIZO, CARLOS 169 E. FLAGLER STREET STE. 1534 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CARRIZO, CARLOS 150 SE 2 AVE STE 900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RODRIGUEZ, SILVIA 169 E. FLAGLER STREET STE. 1534 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 _____ DATE 3/28/07 |
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MGRM # 0091