

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000116833

FILED
Jul 28, 2009
Secretary of State**Entity Name:** 2200 CONSTRUCTION COMPANY, LLC**Current Principal Place of Business:**2853 EXECUTIVE PARK DRIVE
SUITE 104
WESTON, FL 33331**New Principal Place of Business:**C/O DORIS CORTES, 3400 GALT OCEAN DR.
#1809-SOUTH
FORT LAUDERDALE, FL 33308**Current Mailing Address:**644 SOUTHEAST FOURTH AVENUE
FORT LAUDERDALE, FL 33301**New Mailing Address:**C/O DORIS CORTES, 3400 GALT OCEAN DR.
#1809-SOUTH
FORT LAUDERDALE, FL 33308**FEI Number:** 20-3924452**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOLDEN, E. SCOTT
644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE, FL 33301 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: MGR () Delete
Name: HERNANDEZ BOHMER, PABLO
Address: 2853 EXECUTIVE PARK DRIVE, SUITE 104
City-St-Zip: WESTON, FL 33331Title: MGR () Delete
Name: DE LIMA, FELIPE
Address: 2853 EXECUTIVE PARK DRIVE, SUITE 104
City-St-Zip: WESTON, FL 33331**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PABLO HERNANDEZ BOHMER

MGR

07/28/2009

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