

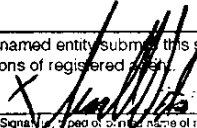
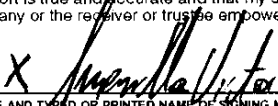


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90282 007 \*\*\*\*50.00

20005644

<b>DOCUMENT # L05000122141</b> 1. Entity Name <b>VUS COSTRUCTION LLC</b>					
Principal Place of Business 1739 MOFFETT STREET, APT. 12 HOLLYWOOD, FL 33020			Mailing Address 1739 MOFFETT STREET, APT. 12 HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # <b>504 NE 3<sup>rd</sup> Street # 9</b>		3. Mailing Address <b>504 NE 3<sup>rd</sup> Street</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b># 9</b>			
City & State <b>Hallandale Beach FL</b>		City & State <b>Hallandale Beach FL</b>			
Zip <b>33009</b>		Country <b>USA</b>		4. FEI Number <b>20-4160810</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SEVILLA, VICTOR ULISES</b> <b>1739 MOFFETT STREET, APT. 12</b> <b>HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>504 NE 3<sup>rd</sup> Street # 9</b> City <b>Hallandale Beach FL</b> Zip Code <b>33009</b>	
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 _____ <small>Signature required of owner or name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEVILLA, VICTOR ULISES 1739 MOFFETT STREET, APT. 12 HOLLYWOOD, FL 33020	<input 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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <b>02-16-07</b>	