

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90078 021 ****55.00

DOCUMENT # L06000107747
 1. Entity Name
 LAMAS REDEVELOPMENT, LLC } *Change*
 LAMAS DRY WALL, LLC



Principal Place of Business Mailing Address
 4313 DOGWOOD CIRCLE 4313 DOGWOOD CIRCLE
 WESTON, FL 33331 US WESTON, FL 33331 US

00040406



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

04252007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 20-5883962 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 HORACIO SOSA, P.A.
 1825 MAIN STREET
 2ND FLOOR
 WESTON, FL 33326 } *Deleted*

7. Name and Address of New Registered Agent
 Name *EFRAIN LAMAS-OCHOA*
 Street Address (P.O. Box Number is Not Acceptable)
4313 DOGWOOD CIRCLE
 City *WESTON* FL Zip Code *33331*

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 *[Signature]* DATE

Filing Fee is \$50.00
 Due by May 1, 2007

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMAS-OCHOA, EFRAIN 4313 DOGWOOD CIRCLE WESTON, FL 33331 <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: *[Signature]* 04/25/07 754-2046402
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #