


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90080 011 \*\*\*138.75

<b>DOCUMENT # L07000013996</b>					
<b>1. Entity Name</b> LMU ENGINEERING, LLC					
<b>Principal Place of Business</b> 1701 W 42ND PL 53 HIALEAH, FL 33012 US			<b>Mailing Address</b> 1701 W 42ND PL 53 HIALEAH, FL 33012 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 19460 SW 2nd ST		<b>3. Mailing Address</b> 19460 SW 2nd ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PEMBROKE PINES, FL		<b>City &amp; State</b> PEMBROKE PINES, FL		<b>4. FEI Number</b> 20-8391208	
<b>Zip</b> 33029		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  ULLOA, LUIS M 19460 SW 2ND ST PEMBROKE PINES, FL 33029			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b> SIGNATURE: <u>[Signature]</u> <b>PRINCIPAL</b> DATE: <u>01/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ULLOA, LUIS M 1701 42ND PL #53 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPAL ULLOA, LUIS M. 19460 SW 2nd ST PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			LUIS M. ULLOA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			01/10/08 (305) 804 8819		
Date			Daytime Phone #		