

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027943

Entity Name: BUILDING WAYS, LLC

FILED  
Jan 13, 2009  
Secretary of State

**Current Principal Place of Business:**

18851 NE 29TH AVENUE STE. 900  
AVENTURA, FL 33180

**New Principal Place of Business:**

8121 N.W. 60 STREET  
MIAMI, FL 33166

**Current Mailing Address:**

7915 S.W. 21 STREET  
MIAMI, FL 33155

**New Mailing Address:**

8121 N.W. 60 STREET  
MIAMI, FL 33166

FEI Number: 20-8885500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONDE, MARIA  
7915 S.W. 21 STREET  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

CONDE, MARIA  
8121 N.W. 60 STREET  
MIAMI, FL 33166 US

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:

01/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: URDANETA VIILAFIE, JAVIER R  
Address: 16545 NE 26 AVE. #6B  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR ( ) Delete  
Name: ORTA DE URDANETA, AURA T  
Address: 16545 NE 26 AVE. #6B  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**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: JAVIER URDANETA

MGR

01/13/2009

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