2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047549

Entity Name: CONSTRUCTION MANAGEMENT SOLUTIONS L.L.C.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

924 VISTA RIDGE LN 652 SANTA MARIA DRIVE

SHAKOPEE, MN 55379 FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

924 VISTA RIDGE LN P.O. BOX 4321 SHAKOPEE, MN 55379 P.O. BOX 4321 FRISCO, CO 80443

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

MIZELL, SCOTT W 17601 WINDY PINE ST MONTVERDE, FL 34756 US

MANAGING MEMBERS/MANAGERS:

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

Electronic Signature of Registered Age

ADDITIONS/CHANGES:

itle: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 MIZELL, CAROL H
 Name:
 MIZELL, CAROL H

 Address:
 924 VISTA RIDGE LN
 Address:
 P.O. BOX 4321

 City-St-Zip:
 SHAKOPEE, MN 55379
 City-St-Zip:
 FRISCO, CO 80443

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 MIZELL, WILLIAM O
 Name:
 MIZELL, WILLIAM O

 Address:
 924 VISTA RIDGE LN
 Address:
 P.O. BOX 4321

 City-St-Zip:
 SHAKOPEE, MN 55379
 City-St-Zip:
 FRISCO, CO 80443

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: CAROL H. MIZELL MRS. 02/12/2009