2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

| | AIIIOAL | | | | _ | | • | |
|--|---|---|--|--|-----------------------|---------------------------|---|------------|
| DOCUMENT # L07000124148 1. Entity Name CARLAU CONTRACTORS, LLC | | | | | | | 0033 003 ***138 | .75 |
| Principal Place of Business Mailing Address | | | | | 7 6 | 1134262 | | |
| 1251 SW 5TH STREET STE 4 MIAMI, FL 33135 | | 1251 SW 5TH STREET STE 4 MIAMI, FL 33135 | | | | | | |
| | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03302008 | Chg-LLC | CR2E083 (12/06) | -P F | |
| City & State | | City & State | | 4. FEI Numb | 570787 | No | plied For t Applicable | |
| Zip | Country | Zip | Count | ry | | e of Status Desired | S5.00 Add Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | d Address of New Re | gistered Agent | |
| | | | ļ | Name | | | | |
| UZQUIANO ESPINOZA, CARLOS A 1251 SW 5TH STREET STE 4 MIAMI, FL 33135 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1410 11411, 1 2 | 00.100 | | İ | | | | | |
| | | | | City | _ | | FL Zip Code | € . |
| the obligat | named entity submits this statement lo ions of registered agent. | r the purpose of changing its r | egistere | ed office or regist | ered agent, or b | oth, in the State of Flor | rida. I am familiar with, | and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered | f Agent signature requi | red when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | | | check payable to Department of State | 9 |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | _ | ADDITIONS/ | CHANGES | |
| TITLE . | MGRM | ☐ Delete | TITLE | | | | Change | ☐ Addition |
| NAME | UZQUIANO ESPINOZA, CARLOS A № | | NAME | E | | | | |
| STREET ADDRESS | | | | ET ADORESS | | | | |
| CITY-ST-ZIP | MIAMI, FL 33135 | | CITY- | - ST - ZIP | | | <u>_</u> | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME Street address | | | NAME | ET ADORESS | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | |
| TITLE | | Delete | TITLE | | | | ☐ Change | Addition |
| NAME | | _ 53335 | NAME | E | | | | |
| STREET ADORESS CITY-ST-ZIP | | | | ET ADORESS - ST- ZIP | | | | |
| TITLE | <u></u> | Delete | TITLE | | | | Change | Addition |
| NAME | | 55,5,5 | NAME | E | | | | |
| STREET ADDRESS | | | | ET ADDRESS -ST-ZIP | | | | |
| | | Delete | TITLE | | | <u></u> | | Addition |
| TITLE NAME | | | | II | | | | |
| | | □ Desete | NAM | <u> </u> | | | | |
| STREET ADDRESS | | □ Detete | NAMI | ET ADORESS | | | | |
| | | . Detele | STRE | II | | | | |
| STREET ADDRESS | | . Delete | STRE | ET ADORESS -ST-ZIP | | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | STRE CITY TITLE NAME | E E | _ | | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | STRE CITY- TITLE NAMI STRE | ET ADDRESS -ST-ZIP E E EET ADDRESS | _ | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | cartify that the information supplied with | Delete | STRE CITY: TITLE NAMI STRE CITY | ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP | od in Charles 11 | 2. Florido Statutos 16 | | |

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 me information indicated on this report is true and accupate 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 furstee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ALLOS A. UZQUIANO ESPONOZA MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

3130/08