

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025867

FILED
Apr 02, 2009
Secretary of State

Entity Name: FCC CONSTRUCTION I-95, LLC

Current Principal Place of Business:

1101 BRICKELL AVENUE
SOUTH TOWER, SUITE 704-S
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1101 BRICKELL AVENUE
SOUTH TOWER, SUITE 704-S
MIAMI, FL 33131

New Mailing Address:

FEI Number: 45-0590847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLEJA, JOSE R
1101 BRICKELL AVENUE
SOUTH TOWER, SUITE 704-S
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DC () Change (X) Addition
Name: CHAVES, PEDRO C
Address: 1101 BRICKELL AVE SUITE 704-S
City-St-Zip: MIAMI, FL 33131

Title: P () Change (X) Addition
Name: DEL BARRIO, EUGENIO
Address: 1101 BRICKELL AVE SUITE 704-S
City-St-Zip: MIAMI, FL 33131

Title: S () Change (X) Addition
Name: LOPEZ, ANTONIO J
Address: 1101 BRICKELL AVE SUITE 704-S
City-St-Zip: MIAMI, FL 33131

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: JOSE R CALLEJA

RA

04/02/2009

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