2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L08000030054

Entity Name: SARACAY CONSTRUCCION LLC

Current Principal Place of Business:

404 HIGH STREET
CHATTAHOOCHEE, FL 32324

New Principal Place of Business:

Current Mailing Address:

404 HIGH STREET
CHATTAHOOCHEE, FL 32324

New Mailing Address:

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

Name and Address of Current Registered Agent:

SARACAY, CARLOS A
404 HIGH STREET
CHATTAHOOCHEE, FL 32324 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: MGR ( ) Delete
Name: SARACAY, CARLOS
Address: 404 HIGH STREET
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: MGRM ( ) Delete
Name: ARAGON, RENE
Address: 404 HIGH STREET
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: MGRM ( ) Delete
Name: ARNULFO, ANTONIO
Address: 404 HIGH STREET
City-St-Zip: CHATTAHOOCHEE, FL 32324

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SARACAY, CARLOS
Address: 404 HIGH STREET
City-St-Zip: CHATTAHOOCHEE, FL 32324

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: CARLOS SARACAY MGRM 01/13/2009

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