

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051712

FILED
Apr 28, 2008
Secretary of State

Entity Name: PUNCHLIST EQUITIES, LLC

Current Principal Place of Business:

2333 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES, FL 33134 US

New Principal Place of Business:

9724 SW 125 TERRACE
MIAMI, FL 33176 US

Current Mailing Address:

2333 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES, FL 33134 US

New Mailing Address:

9724 SW 125 TERRACE
MIAMI, FL 33176 US

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

Name and Address of Current Registered Agent:

QUESADA, PABLO S
2333 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES, FL 33134 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: MGR () Change (X) Addition
Name: VALDES, ALEJANDRO
Address: 9724 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33176 US

Title: MGR () Change (X) Addition
Name: FATHOM ENGINEERING,, INC.
Address: 9361 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33176 US

Title: MGR () Change (X) Addition
Name: PLIST MEMBER,
Address: 9724 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33176 US

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: ALEJANDRO VALDES

MGR

04/28/2008

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