



**State of California  
Secretary of State**

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**STATEMENT OF INFORMATION  
(Limited Liability Company)**

**FILED**  
in the office of the Secretary of State  
of the State of California

JUL 25 2006

Filing Fee \$20.00. If amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted )  
CONSTRUCTION MANAGEMENT CONSORTIUM, L.L.C

*rec*  
This Space For Filing Use Only

DUE DATE: 7-18-2006

**FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER 200612910025	3. STATE OR PLACE OF ORGANIZATION CALIFORNIA
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**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 7700 EDGEWATER DR. SUITE 834	CITY AND STATE OAKLAND, CA	ZIP CODE 94621
5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) 7700 EDGEWATER DR. SUITE 834	CITY OAKLAND	STATE CA
		ZIP CODE 94621

**NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY**

6. NAME KELLE MCMAHON	ADDRESS 30002 WOODTHRUSH PL	CITY AND STATE HAYWARD CA	ZIP CODE 94544
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**NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER** (Attach additional pages, if necessary.)

7. NAME ATHERLIA SMITH	ADDRESS 1445 LAGUNA ST	CITY AND STATE SAN FRANCISCO CA	ZIP CODE 94126
8. NAME KATHY NEAL	ADDRESS 7700 EDGEWATER #834	CITY AND STATE OAKLAND CA	ZIP CODE 94621
9. NAME	ADDRESS	CITY AND STATE	ZIP CODE

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS KELLE MCMAHON			
11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 30002 WOODTHRUSH PL	CITY HAYWARD	STATE CA	ZIP CODE 94544

**TYPE OF BUSINESS**

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY  
CONSULTING SERVICES, PROJECT MANAGEMENT, PLANNING

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

*[Signature]*

KELLE MCMAHON

MANAGER

3/30/06

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TITLE

DATE