


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90110 033 ****50.00

DOCUMENT # L00000006220

1. Entity Name
MAI TAI DEVELOPMENT, LLC



Principal Place of Business Mailing Address
198 PALM AVENUE **198 PALM AVENUE**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**

2. Principal Place of Business 3. Mailing Address
251 N. COCONUT LANE **251 N. COCONUT LANE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI BEACH FL **MIAMI BEACH FL**
Zip Country Zip Country
33139 **USA** **33139** **USA**



MOORE CR2E083 (11/03)

4. FEI Number Applied For
65-1011366 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SIDLOSCA, RANDALL L
1101 BRICKELL AVE
SUITE 1100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sylvie Robert* **SYLVIE ROBERT** **MGR** **01/22/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SYLVIE, ROBERT	
STREET ADDRESS	198 PALM AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	VIGLIANESI, VITTORIO	
STREET ADDRESS	798 PALM AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Sylvie Robert* **MGR SYLVIE ROBERT** **01/22/2004** **305.532.5189**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #