
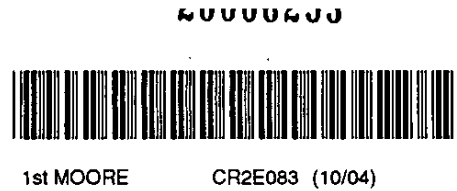


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90153 048 ****50.00

DOCUMENT # L00000006220			
1. Entity Name MAI TAI DEVELOPMENT, LLC			
Principal Place of Business 251 N. COCONUT LANE MIAMI BEACH FL 33139		Mailing Address 251 N. COCONUT LANE MIAMI BEACH FL 33139	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	



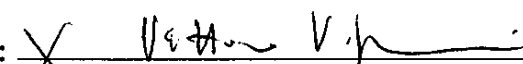
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SYLVIE, ROBERT 198 PALM AVE 251 NORTH Coconut Lane MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT, SYLVIE 251 NORTH Coconut Lane Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIGLIANESI, VITTORIO 798 PALM AVE 251 NORTH Coconut Lane MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Viglianesi, VITTORIO 251 NORTH Coconut Lane Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:  01/24/2005 305/5325184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #