


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

PAILED
Feb 13, 2006 08:00 AM
Secretary of State
check

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1011366	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIDLOSCA, RANDALL L 1101 BRICKELL AVE SUITE 1100 MIAMI FL 33131			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 reconstituting)		DATE	
		FILE NOW!!! FEE IS \$50.00			
		Make Check Payable to Florida Department of State			
		Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SYLVIE, ROBERT		NAME		
STREET ADDRESS	251 NORTH COCONUT LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	VIGLIANESI, VITTORIO		NAME		
STREET ADDRESS	251 NORTH COCONUT LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Vittorio Viglianesi* - **VITTORIO VIGLIANESI (PRESIDENT)** 02/07/06 305-532518