


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90079 016 ****50.00

DOCUMENT # L02000015006

1. Entity Name
360 DEVELOPERS, LLC



Principal Place of Business
13 S.W. 7TH ST.
MIAMI, FL 33130

Mailing Address
13 S.W. 7TH ST.
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0469008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LATTERNER, MICHAEL
MICHAEL LATTERNER & ASSOCIATES, INC.
13 S.W. 7TH ST.
MIAMI, FL 33130

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LATTERNER, MICHAEL 13 S.W. 7TH ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSEN, WAYNE <i>277 Galeon Ct</i> 441 VALENCIA AVE., STE 709 <i>Coral Gables, FL</i> CORAL GABLES, FL 33134 <i>33142</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 *[Signature]* _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE