


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90352 039 \*\*\*\*50.00

**DOCUMENT # L02000031025**


1. Entity Name  
**REAL ESTATE DEVELOPMENT I, LLC**



Principal Place of Business 12550 BISCAYNE BLVD 405 NORTH MIAMI, FL 33181	Mailing Address 12550 BISCAYNE BLVD 405 NORTH MIAMI, FL 33181
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2. Principal Place of Business <b>1911 HARRISON Street</b>	3. Mailing Address <b>1911 HARRISON Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hollywood, FLORIDA</b>	City & State <b>Hollywood, FLORIDA</b>
Zip <b>33020</b>	Country <b>U.S.A.</b>



04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>75-3089282</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

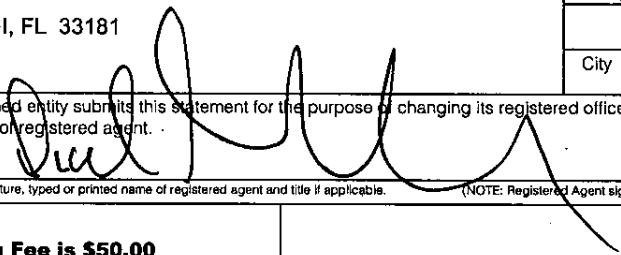
6. Name and Address of Current Registered Agent

**GRISALES-RACINI, OSCAR**  
 12550 BISCAYNE BLVD  
 405  
 NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name **GRISALES-RACINI OSCAR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1911 HARRISON Street**  
 City **Hollywood** FL Zip Code **33020**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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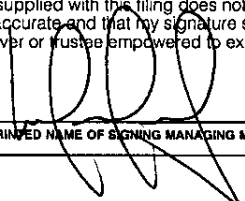
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ELIAS, PEACHIK</b> <b>12550 BISCAYNE BLVD STE 405</b> <b>NORTH MIAMI, FL 33181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>REAL ESTATE INT'L INVESTMENTS &amp; DEVEL. LLC</b> <b>12550 BISCAYNE BLVD SUITE 405</b> <b>NORTH MIAMI, FL 33181</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>ELIAS, PEACHIK</b> <b>1911 HARRISON Street</b> <b>Hollywood FL 33020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DARIO PEACHIK</b> <b>1911 HARRISON Street</b> <b>Hollywood, FL 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Gustavo PEACHIK</b> <b>1911 HARRISON Street</b> <b>Hollywood, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

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