


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 20 AM 10:08

DOCUMENT # L02000031025 1. Entity Name REAL ESTATE DEVELOPMENT I, LLC			
Principal Place of Business 1911 HARRISON STREET HOLLYWOOD, FL 33020		Mailing Address 1911 HARRISON STREET 405 HOLLYWOOD, FL 33020	
2. Principal Place of Business 2999 NE 191st Street Suite, Apt. #, etc. PH-8		3. Mailing Address 2999 NE 191st Street Suite, Apt. #, etc. PH-8	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33180	Country USA	Zip 33180	Country USA
6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR 1911 HARRISON STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name GRISALES-RACINI, OSCAR Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191st Street PH-8 City AVENTURA FL Zip Code 33180	
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	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIAS, PERCHIK 1911 HARRISON STREET HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERCHIK, ELIAS 2999 NE 191st Street PH-8 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERCHIK, DARIO 1911 HARRISON STREET HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100066829581 02/28/06--01050--005 **861.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERCHIK, GUSTAVO 1911 HARRISON STREET HOLLYWOOD, FL 33020	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 exemptions contained in Chapter 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:		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	