


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031025 1. Entity Name REAL ESTATE DEVELOPMENT I, LLC		
Principal Place of Business 2999 NE 191ST STREET PH-8 AVENTURA, FL 33180	Mailing Address 2999 NE 191ST STREET PH-8 AVENTURA, FL 33180	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -6 AM 10:00



01242007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3089282	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

GRISALES-RACINI, OSCAR
 2999 NE 191ST STREET PH-8
 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$50.00
 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ELIAS, PERCHIK
STREET ADDRESS	2999 NE 191ST STREET PH-8
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100087735991

02/08/07--01041--015 **1000.00

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: _____ 1/30/07 (305) 792-4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #