


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90421 011 ***150.00

DOCUMENT # L03000033221 1. Entity Name EAST DEVELOPER GROUP, LLC	
--------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2666 BRICKELL AVE. MIAMI, FL 33129	Mailing Address 2666 BRICKELL AVE. MIAMI, FL 33129
------------------------------------------------------------------------------------	------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

20010737

 01302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 68-0566120	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

HEINZ, HUGO
2666 BRICKELL AVE
MIAMI, FL 33129

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE FORTUNA, WALTER 2666 BRICKELL AVE. MIAMI, FL 33129
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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