


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000040676  
 1. Entity Name  
 CASPIAN DEVELOPMENT L.L.C.



Principal Place of Business      Mailing Address  
 2000 SOUTH DIXIE HIGHWAY, SUITE 100      2000 SOUTH DIXIE HIGHWAY, SUITE 100  
 MIAMI, FL 33133      MIAMI, FL 33133

**DO NOT WRITE IN THIS SPACE**



03112005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 01-0801363      Not Applicable

5. Certificate of Status Desired            \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ABBASSI, RAY  
 2000 SOUTH DIXIE HIGHWAY, SUITE 100  
 MIAMI, FL 33133

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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	MGR
NAME	ABBASSI, RAY
STREET ADDRESS	2000 SOUTH DIXIE HIGHWAY, SUITE 100
CITY-ST-ZIP	MIAMI, FL 33133
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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 03/18/05-80072-003 50.00

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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 60B, Florida Statutes.

SIGNATURE: Ray Abbassi 3/16/05      305-856-5859  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #