


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000029693

1. Entity Name
LDC SOUTH FLORIDA VENTURES, LLC



Principal Place of Business 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134	Mailing Address 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1765389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent

**SCHECHTER, ROSA E ESQ.
 550 BILTMORE WAY, SUITE 1110
 CORAL GABLES, FL 33134**

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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 _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STERN, RODOLFO 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STERN, EDUARDO 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORWITZ, ROBERTO 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134
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 05/11/07-80050-008 50.00

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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: _____ **Rodolfo Stern** **4/19/07** **(305) 461-2440**

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