


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L04000086828**  
 1. Entity Name  
**LDC CENTRAL FLORIDA VENTURES, LLC**



Principal Place of Business      Mailing Address  
**550 BILTMORE WAY, SUITE 1110**      **550 BILTMORE WAY, SUITE 1110**  
**CORAL GABLES, FL 33134**      **CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1950918</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 SCHECHTER, ROSA ECKSTEIN ESQ  
 550 BILTMORE WAY, SUITE 1110  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

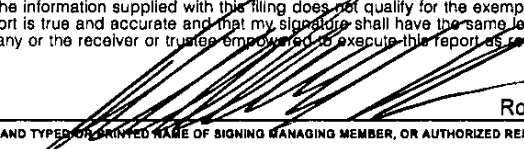
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STERN, RODOLFO 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134
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 05/11/07-80050-005 50.00

**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:**  **Rodolfo Stern**      **4/19/07**      **(305) 461-2440**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #