



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000091449 1. Entity Name SAINZ DEVELOPMENT LLC						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2006 MAY 31 PM 2:08</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business 3779 SW 135 AVE MIAMI, FL 33175		Mailing Address 3779 SW 135 AVE MIAMI, FL 33175					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip		Country		4. FEI Number 05302006 Chg-LLC CR2E083 (11/05)	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SAINZ, JUAN C 3779 SW 135 AVE MIAMI, FL 33175				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	
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 <u><i>Juan Sainz</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAINZ, JUAN C			NAME			
STREET ADDRESS	3779 SW 135 AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: <u><i>Juan Sainz</i></u>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							
Date						Daytime Phone #	

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