

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068420

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: EQUISTAR DYL DEVELOPMENT, L.C.

**Current Principal Place of Business:**

10801 SW 69 AVE  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

10801 SW 69 AVE  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DRIVE, SUITE 350  
FT. MYERS, FL 33907    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      YANOPOULOS, JOHN  
Address:                      10801 SW 69 AVE  
City-St-Zip:                      MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title:                      MGR                      (X) Change                      ( ) Addition  
Name:                      YANOPOULOS, JOHN J  
Address:                      10801 SW 69 AVE  
City-St-Zip:                      MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN YANOPOULOS                      MGR                      04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date