

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073727

FILED  
Mar 23, 2011  
Secretary of State

**Entity Name:** FOCUS REAL ESTATE DEVELOPMENT, LLC

**Current Principal Place of Business:**

1300 SAWGRASS CORPORATE PARKWAY  
SUITE 300  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 SAWGRASS CORPORATE PARKWAY  
SUITE 300  
SUNRISE, FL 33323 US

**New Mailing Address:**

**FEI Number:** 26-0547152      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GALLOWAY, AMY J ESQ.  
110 SE 6TH STREET  
15TH FLOOR  
FORT LAUDERDALE, FL 33301 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  
**Name:** BULLINGTON, DOUGLAS W  
**Address:** 1300 SAWGRASS CORPORATE PARKWAY, #300  
**City-St-Zip:** SUNRISE, FL 33323 US

**Title:** MGR  
**Name:** TROMER, KEVIN M  
**Address:** 1300 SAWGRASS CORPORATE PARKWAY, #300  
**City-St-Zip:** SUNRISE, FL 33323 US

**Title:** S  
**Name:** TERZER, RONALD S  
**Address:** 1300 SAWGRASS CORPORATE PKWY #300  
**City-St-Zip:** SUNRISE, FL 33323 US

**Title:** T  
**Name:** BLAKE, JAMES W JR.  
**Address:** 1300 SAWGRASS CORPORATE PKWY #300  
**City-St-Zip:** SUNRISE, FL 33323 US

I hereby 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: RONALD TERZER

S

03/23/2011

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