


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90114 008 ****50.00

DOCUMENT # L03000031696	
1. Entity Name 1110 DEVELOPMENT LLC	

Principal Place of Business % CARLOS CARABALLO 1300 BRICKELL AVE. MIAMI, FL 33133	Mailing Address % CARLOS CARABALLO 1300 BRICKELL AVE. MIAMI, FL 33133
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20052843

2. Principal Place of Business c/o CARLOS CARABALLO Suite, Apt. #, etc. 1300 BRICKELL AVENUE	3. Mailing Address c/o CARLOS CARABALLO Suite, Apt. #, etc. 1300 BRICKELL AVENUE
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 20-0261416	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country	Zip 33131	Country



04182005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent SANCHEZ, MILAGROS 1300 BRICKELL AVE. MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEFORTUNA, EDGARDO A 1300 BRICKELL AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEFORTUNA, ANA CRISTINA 1300 BRICKELL AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Edgardo A. Defortuna 1300 Brickell Avenue MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] Resident Date 4/26/2005 Daytime Phone # 305 351 1000