


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 |
|--|--|

20052843

| | | | |
|---|---------|---|---------|
| 2. Principal Place of Business c/o CARLOS CARABALLO Suite, Apt. #, etc. 1300 BRICKELL AVENUE City & State MIAMI FL Zip 33131 | Country | 3. Mailing Address c/o CARLOS CARABALLO Suite, Apt. #, etc. 1300 BRICKELL AVENUE City & State MIAMI FL Zip 33131 | Country |
|---|---------|---|---------|

04182005 Chg-LLC CR2E083 (10/03)

| | |
|-----------------------------|--|
| 4. FEI Number 20-0261416 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| |
|---|
| 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 |
|--|

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 |
|---|--|

| 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:  | President | Date 4/26/2005 | Daytime Phone # 305 351 1000 |
|--|-----------|-------------------|---------------------------------|