
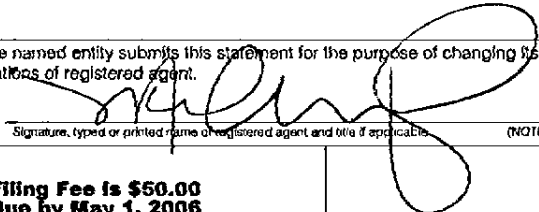
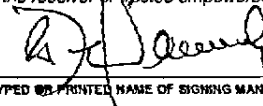


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
Feb 20, 2006 08:00 AM  
Secretary of State

DOCUMENT # L03000031696			
1. Entity Name 1110 DEVELOPMENT LLC			
Principal Place of Business C/O CARLOS CARABALLO 1300 BRICKELL AVE. MIAMI, FL 33133		Mailing Address C/O CARLOS CARABALLO 1300 BRICKELL AVE. MIAMI, FL 33133	
2. Principal Place of Business <i>C/o Carlos Carballo</i>		3. Mailing Address <i>C/o Carlos Carballo</i>	
Suite, Apt. #, etc. <i>1300 Brickell Avenue</i>		Suite, Apt. #, etc. <i>1300 Brickell Avenue</i>	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>	
Zip <i>33131</i>		Country	
Country		Zip <i>33131</i>	
Country		Country	
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 <span style="float: right;">FL Zip Code</span>	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee Is \$50.00 Due by May 1, 2006</b>		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	MGR 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	<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 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:  Edgardo Defortuna		Date: 1/21/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: (305) 351-1000	



01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0261416

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**Filing Fee Is \$50.00  
Due by May 1, 2006**

Make check payable to  
Florida Department of State

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #