

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90028 044 \*\*\*\*50.00

<b>DOCUMENT # L05000068518</b>					
<b>1. Entity Name</b> 1X1 DEVELOPMENT GROUP, LLC					
<b>Principal Place of Business</b> 51 SW 11TH STREET UNIT 634 MIAMI, FL 33130			<b>Mailing Address</b> 16300 NE 19 AVE STE C NORTH MIAMI BEACH, FL 33162		
<b>2. Principal Place of Business</b> 1080 Waterside Lane Suite, Apt. #, etc.			<b>3. Mailing Address</b> 1080 Waterside Lane Suite, Apt. #, etc.		
<b>City &amp; State</b> Hollywood, Florida		<b>City &amp; State</b> Hollywood, Florida		<b>4. FEI Number</b> 20-3130775	
<b>Zip</b> 33019		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> SILVA'S ENTERPRISE, INC. 16300 NE 19 AVE STE C NORTH MIAMI BEACH, FL 33162			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> STROH, MIKE <b>STREET ADDRESS</b> 51 SW 11 ST. UNIT 634 <b>CITY-ST-ZIP</b> MIAMI, FL 33130	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> STROH, MIKE <b>STREET ADDRESS</b> 1080 Waterside Lane <b>CITY-ST-ZIP</b> Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> GUCOVSKI, NOE <b>STREET ADDRESS</b> 51 SW 11 ST. UNIT 634 <b>CITY-ST-ZIP</b> MIAMI, FL 33130	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> GUCOVSKI, NOE <b>STREET ADDRESS</b> 51 SW 11 ST. UNIT 634 <b>CITY-ST-ZIP</b> MIAMI, FL 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> MATERON, PAUL <b>STREET ADDRESS</b> 51 SW 11 ST. UNIT 634 <b>CITY-ST-ZIP</b> MIAMI, FL 33130	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> MATERON, PAUL <b>STREET ADDRESS</b> 51 SW 11 ST. UNIT 634 <b>CITY-ST-ZIP</b> MIAMI, FL 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b>			<b>Mike Stroh</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4-11-06</b> Daytime Phone # <b>305-308-9029</b>		