## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SHOTHON MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Sep 22, 2003 8:00 am Secretary of State

Daydine Phone #

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1. Entity Nan	MENT #L010000 DEVELOPMENT ENTERPRIS				09-11-2003	90043 029 ****5	.0.0	
Dringing Cine	an of Business	Malling Address		THE PARTY OF THE P		<b>E</b> #05.000		
Principal Place of Business 7725 NW 146 STREET MIAMI LAKES FL 33016		Malling Address 7725 NW 146 STREET MIAMI LAKES FL 33016			55056957			
NAMI CAREO F	- L 33010	mismi trideo i e oporo						
2. Principal Place of Business		3. Mailing Address			والمراز والمراز والمراز ويتواضعونهم			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Nun	4. FEI Number 65-1092193 Applied For Not Applied			
Zip	Country	Zip	Country	5. Certifica	ale of Status Desired	\$5.00 Ad	ditional	
	. 6. Name and Address of Current	Registered Agent		7. Name a	and Address of New Re			
	DIE, SIDNEY Z ESO.		- Name					
	NW 12TH STREET	Street Ac		Address (P.O. Box Nuri	ss (P.O. Box Number is Not Acceptable)			
	VII LAKES FL 33016	,						
			City			FL Zip Coo	ie	
8. The above	a named entity submits this attacement for tions of regionered agent.	the purpose of changing its r	egistered office	or registered agent, or l	both, in the State of Flor	ida. I am familiar with,	, and accep	
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SIGNATURE	Signaturity pad or printed name of repatiered agent	and title if applicable. (NOTE:	Registered Agent sign	atura required when regretating)	9	19(0S)		
SIGNATURE	Signature syptical or printed name of registered agent	FILE NO Make Check Payable Due By !	WIII FEE IS	\$50.00 partment of State	<b>A</b>	19(D) DATE	Carre	
SIGNATURE	Surveture reported or printed name of residence again.  MANAGING MEMBE	FILE NO Make Check Payable Due By S	WIII FEE IS to Florida De September 24	\$50.00 partment of State , 2003	ADDITIONS/	CHANGES	Const.	
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