

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90012 011 ****50.00

DOCUMENT # L01000003645 1. Entity Name VANNY DEVELOPERS, L.L.C.	
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Principal Place of Business C/O SERBER & ASSOCIATES, P.A. TURNBERRY PLZ STE 801, 2875 NE 191ST ST AVENTURA, FL 33180	Mailing Address 2875 NE 191ST ST STE 400A AVENTURA, FL 33180
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02062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100799	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SERBER & ASSOCIATES, P.A. TURNBERRY PLAZA, STE 801, 2875 NE 191ST ST AVENTURA, FL 33180
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**DO NOT WRITE
IN THIS SPACE**

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 4/26/04

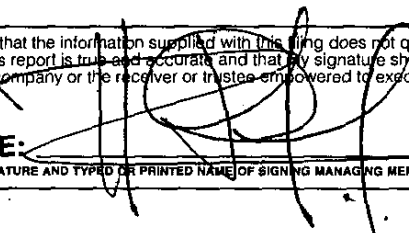
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTEIN, RICARDO <u>2875 NE 191st, #400A</u> AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DJMAL, RICARDO <u>2875 NE 191st, #400A</u> AVENTURA, FL 33180
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**DO NOT WRITE
IN THIS SPACE**

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:  4/26/04 305-935-6955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #