
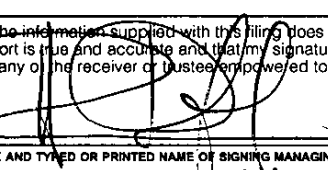


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90052 032 ****50.00

DOCUMENT # L01000003645 1. Entity Name VANNY DEVELOPERS, L.L.C.					
Principal Place of Business 2875 NE 191 STREET SUITE 300 AVENTURA, FL 33180			Mailing Address 2875 NE 191 STREET SUITE 300 AVENTURA, FL 33180		
2. Principal Place of Business 2875 N.E. 191st Street Suite, Apt. #, etc. Suite 300 City & State Aventura, FL. Zip 33180 Country USA		3. Mailing Address 2875 N.E. 191st St. Suite, Apt. #, etc. Suite 300 City & State Aventura, FL. Zip 33180 Country USA			
4. FEI Number 65-1100799				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 SERBER & ASSOCIATES, P.A. TURNBERRY PLAZA, STE 801, 2875 NE 191ST ST AVENTURA, FL 33180			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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTEIN, RICARDO <input type="checkbox"/> Delete 2875 NE 191ST. #400 A AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2875 N.E. 191st Street, Suite 300 Aventura, FL. 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DJMAL, RICARDO <input type="checkbox"/> Delete 2875 NE 191 ST. #400 A AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2875 N.E. 191st Street, Suite 300 Aventura, FL. 33180	
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	
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  RICARDO DJMAL (MANAGER) 4/24/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date					

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305-935-6955