2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004442

1. Entity Name INDIAN RIVER NO. 1 DEVELOPERS, LLC

Principal Place of Business

Mailing Address

7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33317

7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33317

01042007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number Applied For 65-1097718 Not Applicable

5. Certificate of Status Desired.

\$5.00 Additional Fee Required

FILED

Apr 27, 2007 08:00 AM Secretary of State

6. Name and Address of Current Registered Agent

FRAZIER, ROBERT W JR ESQ FRAZIER HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BOULEVARD, SUITE 826 FORT LAUDERDALE, FL 33308

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The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Silling Eco In \$50.00		

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADKIN, S. MARTIN 7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	

U00000738463 05/11/07-80069-005 50.00

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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 employed to execute his report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date Date

Daytime Phone #