

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

□ □ □ □ □ □ □ □ L01000006114

1. Entity Name  
LO CURRO DEVELOPMENT, L.L.C.



Principal Place of Business  
4850 S.W. 72ND AVE.  
MIAMI, FL 33155

Mailing Address  
4850 S.W. 72ND AVE.  
MIAMI, FL 33155



03102005□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1094717

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

**6. Name and Address of Current Registered Agent**

CERVANTES, PATRICIO  
4850 S.W. 72ND AVE.  
MIAMI, FL 33155

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CERVANTES, PATRICIO  
4850 S.W. 72ND AVE.  
MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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U00000263630  
03/14/05-80104-005 50.00

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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:**

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

Date

Daytime Phone #