


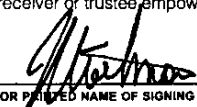


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L01000014910						FILED 06 APR 11 PM 3:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 					
1. Entity Name SHEFAOR DEVELOPMENT LLC				Principal Place of Business 18851 NE 29TH AVENUE, SUITE 1011 AVENTURA, FL 33180				Mailing Address 18851 NE 29TH AVENUE, SUITE 1011 AVENTURA, FL 33180			
2. Principal Place of Business				3. Mailing Address				 01232006 Chg-LLC CR2E083 (11/05)			
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
4. FEI Number 65-1137819				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										7. Name and Address of New Registered Agent	
DADE COUNTY CORPORATE AGENCY, INC. 18901 NE 29 AVE. SUITE 100 AVENTURA, FL 33180										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 PLANINVEST, INC. 2999 NE 191ST STREET, SUITE 803 AVENTURA, FL 33180 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29 AVENUE, Suite 1011 AVENTURA, FL 33180					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTATE FIELD GROUP, INC. 2999 NE 191ST STREET, SUITE 803 AVENTURA, FL 33180 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29 AVENUE, Suite 1011 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 200072752072 04/28/06--01035--001 ***1200.00					
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: 					03/09/06 (305) 935-5050						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					Date Daytime Phone #						