
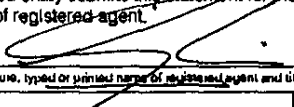



FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90752 016 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000000144			
1. Entity Name FIRST DEVELOPMENT FUND, LLC			
Principal Place of Business 999 BRICKELL AVE. SUITE 700 MIAMI, FL 33131		Mailing Address 999 BRICKELL AVE. SUITE 700 MIAMI, FL 33131	
2. Principal Place of Business 4775 Collins Ave.		3. Mailing Address 4775 Collins Ave.	
Suite, Apt. #, etc. 1902		Suite, Apt. #, etc. 1902	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33140	Country USA	Zip 33140	
		Country USA	
4. FEI Number 80 0004106		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 GRISALES-RACINI, OSCAR 999 BRICKELL AVE. SUITE 700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Carlos Rajlin Street Address (P.O. Box Number is Not Acceptable) 4775 Collins Ave. Apt. 1902 City Miami Beach, FL Zip Code 33140	
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.		DATE (NOTE: Registered Agent signature required when reinstating)	
FILE NOW WITH FEES \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIRST DEVELOPMENT FUND, CORP. 999 BRICKELL AVE. SUITE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4775 Collins Ave., #1902 Miami Beach, Florida 33140 <input checked="" 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
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 exemption stated in Section 119.07(3)(l), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE		Carlos Rajlin President 4/10/03 305-305-3386 Date Daytime Phone #	

CR2E083 (10/02)