


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90150 037 \*\*\*\*50.00

<b>DOCUMENT # L02000007296</b>	
1. Entity Name <b>SOUTHERN POINT DEVELOPMENT, L.L.C.</b>	

Principal Place of Business <b>295 WEST 27TH STREET HIALEAH, FL 33010</b>	Mailing Address <b>295 WEST 27TH STREET HIALEAH, FL 33010</b>
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2. Principal Place of Business <b>6073 NW 167 ST C 19</b>	3. Mailing Address <b>6073 NW 167 ST C 19</b>
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City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33015</b>	Country



01062006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent <b>FREIRIA, JESUS 295 WEST 27TH STREET HIALEAH, FL 33010</b>	
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7. Name and Address of New Registered Agent Name <b>Freiria, Jesus</b> Street Address (P.O. Box Number is Not Acceptable) <b>6073 NW 167 ST C 19 Miami, FL 33015</b>	
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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 _____	DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREIRIA, JESUS 295 WEST 27TH STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Freiria, Jesus 6073 NW 167 ST C19 Miami, Florida 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLEJA, SERGIO T 295 WEST 27TH STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Calleja, Sergio T 6073 NW 167 ST C19 Miami, Florida 33015 <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

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: <u><i>Jesus Freiria</i></u>	<b>JAN 24 2006</b> Date: _____ Daytime Phone #: _____