## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT #L02000007296** 01-30-2006 901 50 037 \*\*\*\*50 00 SOUTHERN POINT DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 295 WEST 27TH STREET 295 WEST 27TH STREET HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business 3. Mailing Address 6073 NW 167 ST C Suite Apt #, etc. 6073 NW 167 ST Suite, Apt. #, etc. 01062006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For Miami, Florida <u>Miami, Florida</u> 75-3036413 Not Applicable Country <sup>Zip</sup> 33015 \$5.00 Additional 5. Certificate of Status Desired 33015 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Freiria, Jesus FREIRIA, JESUS Street Address (P.O. Box Number is Not Acceptable) 6073 NW 167 ST 295 WEST 27TH STREET HIALEAH, FL 33010: C 19 Zlp Code 33015 Miami Miami 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 take if applicable. (NOTE; Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGR TITLE ☐ Delete TITLE Addition NAME FREIRIA, JESUS Freiria, Jesus NAME STREET ADDRESS 295 WEST 27TH STREET 6073 NW 167 ST C19 STREET ADDRESS HIALEAH, FL 33010 CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33015 Addition TITLE ☐ Delete TITLE Change NAME CALLEJA, SERGIO T NAME CAlleja, Sergio T STREET ADDRESS 295 WEST 27TH STREET STREET ADDRESS 6073 NW 167 ST C19 CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP Miami, Florida 33015 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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KE: GNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAN 2 4

Date

FILED Jan 30, 2006 8:00 am