

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000007296**

1. Entity Name  
**SOUTHERN POINT DEVELOPMENT, L.L.C.**



Principal Place of Business

**6073 NW 167 ST  
C19  
HIALEAH, FL 33015**

Mailing Address

**6073 NW 167 ST  
C19  
HIALEAH, FL 33015**

**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**75-3036413**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**FREIRIA, JESUS  
6073 NW 167 ST  
C19  
HIALEAH, FL 33015**

**DO NOT WRITE  
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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
FREIRIA, JESUS  
6073 NW 167 ST., STE. C19  
HIALEAH, FL 33015**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
CALLEJA, SERGIO T  
6073 NW 167 ST., STE C19  
HIALEAH, FL 33015**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000630738  
02/20/07-80020-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

**2/9/07 305 V121440**