2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000007503

1. Entity Name 2060 DEVELOPMENT, LLC



04-30-2007 90072 038 ****50.00

FILED

Apr 30, 2007 8:00 am Secretary of State

Principal Place of Business

Mailing Address

1900 SUNSET HARBOUR DRIVE

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SUITE 1 MIAMI BEACH, FL 33139

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04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3630145 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

WOOD, RICHARD A ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131

SIGNATURE:

SIGNATURE AND TYPED

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 little 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 SEIKALY, RONY 27 E DILIDO DR MIAMI BEACH, FL 33139		
TITLE NAME STREET ADDRESS CITY - ST- ZIP			
TITLE NAME STREET ADDRESSCITY-ST-ZIP-		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		منت به چمدرت بد المعتبد بندل المحتبد برازان با بالمحتال الرب	
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.			

ALFREU

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE