

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008000

FILED  
Jan 12, 2005  
Secretary of State

**Entity Name:** INTERNATIONAL DEVELOPERS, LLC

**Current Principal Place of Business:**

2821 E COMMERCIAL BLVD  
STE 204  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2821 E COMMERCIAL BLVD  
STE 204  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 35-2171933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THIRER, MARTIN  
1475 W. CYPRESS CREEK ROAD, SUITE 204  
FT. LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WEYMOUTH, MICHAEL C  
Address: 2701 CORAL SHORES DR  
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: MGRM ( ) Delete  
Name: HAMWAY, JAMES  
Address: 4020 NE 23RD AVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL C. WEYMOUTH

MGRM

01/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date