

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000011216

1. Entity Name  
NEO DEVELOPMENT, LLC



**FILED  
Apr 29, 2005 8:00 am  
Secretary of State**

04-29-2005 90055 035 \*\*\*\*50.00

20051410



04272005 Chg-LLC CR2E083 (10/03)

Principal Place of Business  
3375 SW 3RD AVE.  
MIAMI, FL 33145

Mailing Address  
3375 SW 3RD AVE.  
MIAMI, FL 33145

2. Principal Place of Business  
1637 SW. 8th St  
Suite, Apt. #, etc.

3. Mailing Address  
1637 S.W. 8th St.  
Suite, Apt. #, etc.

City & State  
Miami, FL  
Zip 33135 Country USA

City & State  
Miami, FL  
Zip 33135 Country USA

4. FEI Number  
84-1624656

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, GILBERT A  
3375 SW 3RD AVE.  
MIAMI, FL 33145

Name Frank guerra

Street Address (P.O. Box Number is Not Acceptable)

1637 S.W. 8th St.  
Miami

FL Zip Code 33135

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, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, LISSETTE 3375 SW 3 AVE. MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1637 S.W. 8th St Miami, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, FRANK 3375 SW 3 AVE. MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1637 S.W. 8th St Miami, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(205) 285-1418