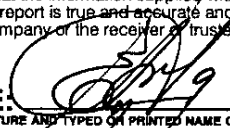


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90242 008 ****50.00

DOCUMENT # L02000017745 1. Entity Name DEERWOOD DEVELOPMENT, L.L.C.					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE SUITE #200 COCONUT GROVE, FL 33133			Mailing Address 2601 S BAYSHORE DRIVE SUITE #200 COCONUT GROVE, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HABER, ROBERT M ESQ FREEMAN, BUTTERMAN, HABER ET AL 520 BRICKELL KEY DR., SUITE 0-305 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
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	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ORTEGA, JORGE		NAME		
STREET ADDRESS	1101 BRICKELL AVE, #400		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ORTEGA, LUIS ALBERTO		NAME		
STREET ADDRESS	1101 BRICKELL AVE, #400		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	EDUARDO AVILA		NAME		
STREET ADDRESS	3006 AVIATION AVE., 2-A		STREET ADDRESS	2601 S. Bayshore Drive, Suite 200	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	MGR	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	KAPLAN, JACK		NAME		
STREET ADDRESS	3006 AVIATION AVE., 2-A		STREET ADDRESS	2601 S. Bayshore Drive, Suite 200	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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		
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 #