

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020920

Entity Name: L.S. DEVELOPMENT, LLC

FILED
Aug 02, 2004
Secretary of State

Current Principal Place of Business:

630 NE 13TH AVENUE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

630 NE 13TH AVENUE
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 83-0359604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, DANIEL P.J. ESQ
BRINKLEY MCNERNEY MORGAN SOLOMON & TATURN
200 EAST LAS OLAS BLVD., SUITE 1900
FORT LAUDERDALE, FL 33301 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: QUINTERO, LEONARDO R
Address: 630 NE 13TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM () Delete
Name: AUVERT-QUINTERO, IRENE
Address: 630 NE 13TH AVE
City-St-Zip: FORT LUADERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZINGG, LEONARDO R
Address: 630 NE 13TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM (X) Change () Addition
Name: AUVERT-ZINGG, IRENE
Address: 630 NE 13TH AVE
City-St-Zip: FORT LUADERDALE, FL 33304

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: LEONARDO ZINGG

MNGR

08/02/2004

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