

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90555 012 ****50.00

DOCUMENT # L02000021620

1. Entity Name
THE ROADS DEVELOPER, LLC



Principal Place of Business
**2588 SW 27TH AVE.
MIAMI, FL 33133**

Mailing Address
**2588 SW 27TH AVE.
MIAMI, FL 33133**

24029889

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004 Chg-LLC CR2E083 (10/03)

4. FEI Number

42-1548396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, ANTONIO
A & E GARCIA, PA
2588 SW 27TH AVE.
MIAMI, FL 33133**

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME ECEMEDIA, ROLANDO G
STREET ADDRESS 2588 SW 27TH AVE.
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGR ☐ Change ☒ Addition
NAME GRIGSBY, WILLIAM
STREET ADDRESS 2400 SW 3RD AVE
CITY-ST-ZIP MIAMI, FLORIDA 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition
NAME MIYAR, RAMON
STREET ADDRESS 12042 SW 10 TERRACE
CITY-ST-ZIP MIAMI, FLORIDA 33184

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition
NAME SANTOS, SAMUEL
STREET ADDRESS 2400 SW 3RD AVE
CITY-ST-ZIP MIAMI, FLORIDA 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]* **MANAGER (WILLIAM GRIGSBY)** 03-24-04 305-856-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #