

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023267

FILED
Apr 28, 2006
Secretary of State

Entity Name: LLL INT'L DEVELOPMENT, LLC

Current Principal Place of Business:

14838 FRIPP ISLAND COURT
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

14838 FRIPP ISLAND COURT
NAPLES, FL 34119 US

New Mailing Address:

8758 SW 8 STREET
MIAMI, FL 33174 US

FEI Number: 05-0530226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERDE, CARLOS MANUEL
14838 FRIPP ISLAND COURT
NAPLES, FL 34119 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/MANAGERS:

Title: MGR () Delete
Name: ZABALA, VLADIMIR L
Address: 14838 FRIPP ISLAND COURT
City-St-Zip: NAPLES, FL 34119 US

Title: MGR () Delete
Name: SIERRA, ALVARO L
Address: 14838 FRIPP ISLAND COURT
City-St-Zip: NAPLES, FL 34119

Title: MGR () Delete
Name: ZABALA, SALVADOR L
Address: 14838 FRIPP ISLAND COURT
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES:

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

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 Chapter 119, 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: VLADIMIR L ZABALA

MGR

04/28/2006

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