
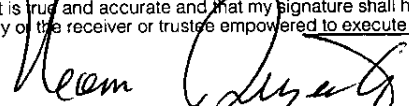


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90030 047 \*\*\*\*50.00

<b>DOCUMENT # L02000023624</b> 1. Entity Name <b>ROYALE DEVELOPMENT INVESTORS, LLC</b>					
Principal Place of Business <b>18101 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160</b>				Mailing Address <b>18101 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160</b>	
2. Principal Place of Business <b>18001 Collins Avenue</b> Suite, Apt. #, etc. <b>31<sup>st</sup> Floor</b> City & State <b>Sunny Isles Beach, FL</b> Zip <b>33160</b>		3. Mailing Address <b>18001 Collins Avenue</b> Suite, Apt. #, etc. <b>31<sup>st</sup> Floor</b> City & State <b>Sunny Isles Beach, FL</b> Zip <b>33160</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Country <b>U.S.A.</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$55.00 Due by May 15, 2004</b>					
<b>Make check payable to Florida Department of State</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZERTZOV, MICHAEL 9601 COLLINS AVENUE BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZERTZOV, NEOMI 9601 COLLINS AVENUE BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZER, GIL 3475 NE 191ST STREET AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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.					
<b>SIGNATURE:</b> 				Date <b>4/7/04</b> Daytime Phone # <b>229291205</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					