


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90114 033 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000029353	
<b>1. Entity Name</b> AMERICAN DEVELOPMENT, LLC	

<b>Principal Place of Business</b> 12550 BISCAYNE BLVD. SUITE 500 MIAMI, FL 33183	<b>Mailing Address</b> 12550 BISCAYNE BLVD. SUITE 500 MIAMI, FL 33183
--	--

24042968

<b>2. Principal Place of Business</b> 2708 W 84 ST Suite, Apt. #, etc. MIAMI, FL	<b>3. Mailing Address</b> 2708 W 84 ST Suite, Apt. #, etc. MIAMI, FL
---	---

<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b> MIAMI, FL
<b>Zip</b> 33016	<b>Country</b> USA



03222004 Chg-LLC CR2E083 (10/03)

<b>6. Name and Address of Current Registered Agent</b> GARCIA, EDUARDO ESQ. 2665 S. BAYSHORE DRIVE SUITE 200, GRAND BAY PLAZA COCONUT GROVE, FL 33133	<b>7. Name and Address of New Registered Agent</b> Name OSCAR CAMARA Street Address (P.O. Box Number is Not Acceptable) 2708 W 84 ST City HIALEAH FL Zip Code 33016
---	--

<b>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.</b> SIGNATURE <u>Oscar Camara</u> MANAGER DATE <u>4-12-04</u>
---

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMARA, OSCAR 12550 BISCAYNE BLVD. MIAMI, FL 33181 <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 GRACIOSI, GABRIEL 12550 BISCAYNE BLVD. MIAMI, FL 33181 <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 JUAREZ, RAFAEL 12550 BISCAYNE BLVD. MIAMI, FL 33181 <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 GONZALEZ, TEODORO 12550 BISCAYNE BLVD. MIAMI, FL 33181 <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.**

**SIGNATURE:**

Oscar Camara MANAGER

4-12-04 3058271621

Date

Daytime Phone #