

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90105 009 \*\*\*138.75

**DOCUMENT # L02000029353**

1. Entity Name  
**AMERICAN DEVELOPMENT, LLC**



Principal Place of Business

**1995 BAY DRIVE  
SUITE 8  
MIAMI BEACH, FL 33141 US**

Mailing Address

**1995 BAY DRIVE  
SUITE 8  
MIAMI BEACH, FL 33141 US**

**00000110**



2. Principal Place of Business - No P.O. Box #

**16850 COLLINS AVE  
SUITE, Apt. #, etc.  
112-470**

3. Mailing Address

**16850 COLLINS AVE  
SUITE, Apt. #, etc.  
112-470**

02282008 Chg-LLC CR2E083 (12/06)

City & State

**SUNNY ISLE, FL**

Zip  
**33160**

Country  
**USA**

City & State

**SUNNY ISLE, FL**

Zip  
**33160**

Country  
**USA**

4. FEI Number

**76-0718416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAMARA, OSCAR  
1995 BAY DR #8  
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name **OSCAR CAMARA**

Street Address (P.O. Box Number is Not Acceptable)

**16850 COLLINS AVE  
STE 112-470**

City **SUNNY ISLE, FL**

FL

Zip Code  
**33160**

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]*

**OSCAR CAMARA**

**4-8-08**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **CAMARA, OSCAR**  
STREET ADDRESS **1995 BAY DR #8**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **MGR** ☐ Delete  
NAME **GRACIOSI, GABRIEL**  
STREET ADDRESS **1995 BAY DR #8**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **MGR** ☐ Delete  
NAME **JUAREZ, RAFAEL**  
STREET ADDRESS **1995 BAY DR #8**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **MGR** ☐ Delete  
NAME **GONZALEZ, TEODORO**  
STREET ADDRESS **1995 BAY DR #8**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 exemptions contained in Chapter 119, 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]*

**4-8-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #