2004 LIMITED LIABILITY COMPANY

FILED Apr 22, 2004 8:00 am

ANNUAL REPORT							Secretary of State		
DOCUMENT # L02000031025 1. Entity Name REAL ESTATE DEVELOPMENT I, LLC								04-22-2004 90352 039 **	
Principal Place of Business 12550 BISCAYNE BLVD 405 NORTH MIAMI, FL 33181				Mailing Address 12550 BISCAYNE BLVD 405 NORTH MIAMI, FL 33181			•		31 881 83188 1 313 1 38 3
2. Principal Place of Business 1911 HARRISON Street			3. Mailing Address 1911 HARRISON Street			دوبه			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04142004 Chg-LLC CR2E083 (10	//03)
Hollywood, Flori DA				Holywood, FLORIDA.				4. FEI Number 75-3089282	Applied For Not Applicable
3302	<u> </u>	Country U.S.A		Zip 33620		intry D.S.F	١		O Additional equired
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent	
GRISALES-RACINI, OSCAR 12550 BISCAYNE BLVD 405 NORTH MIAMI, FL 33181						Street Address (P.O. Box Number is Not Acceptable)			
						City Hollywood FL Zip Code 20			
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 Fiorida Department of	State
9.	1	MANAGING	MEMBER	RS/MANAGERS	10		1	ADDITIONS/CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP		EACHIK SCAYNE BLVD S MAMI, FL 33181		☐ Delete	NA St	ile Ime Reet address TY-ST-ZIP	M ELIA 1911 1401	5, Perchik HARRISON Street Jucol R 33020	nange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REAL ESTATE INT'L INVESTMENTS & DEVEL. LLC 12550 BISCAYNE BLVD SUITE 405 NORTH MIAMI, FL 33181					TLE AME REET ADDRESS TY-ST-ZIP	()	_ CI	nange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				— `□ Delete	NA St	TLE IME REET ADORESS TY-ST-ZIP	1911	HIBRIDON STUCET	nange 🔀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NA St	TLE IME REET ADDRESS TY-ST-ZIP	1011	Aug Parchik HARRISOn Street	nange 📈 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 by 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 prushed employed of execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

☐ Delete

☐ Delete

Date Daytime Phone # ☐ Addition

☐ Addition

☐ Change