


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90029 007 ****50.00

DOCUMENT # L02000031025

1. Entity Name
REAL ESTATE DEVELOPMENT I, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>12550 Biscayne Blvd.</u>		3. Mailing Address <u>12550 Biscayne Blvd</u>	
Suite, Apt. #, etc. <u>405</u>		Suite, Apt. #, etc. <u>405</u>	
City & State <u>North Miami, FL</u>		City & State <u>North Miami, FL</u>	
Zip <u>33181</u>	Country <u>USA</u>	Zip <u>33181</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

<p>DO NOT WRITE IN THIS SPACE</p>	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>OSCAR GRISALES - RACINI, ESQ</u> Street Address (P.O. Box Number is Not Acceptable) <u>12550 Biscayne Blvd</u> <u>Suite 405</u> City <u>North Miami</u> FL Zip Code <u>33181</u>		

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 LLC (if applicable)

03/17, 2003

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGM</u> <u>PERCHIK ELIAS</u> <u>12550 Biscayne Blvd. Suite 405</u> <u>North Miami, FL 33181</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGM</u> <u>Real Estate International Investments & Development, LLC</u> <u>12550 Biscayne Blvd. Suite 405</u> <u>North Miami, FL 33181</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:

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

ELIAS PERCHIK

03/17/2003 (305) 881-1313

DATE

DATE OF FILING

CR2E083B (12/02)