## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L02000034141

82ND STREET DEVELOPMENT, LLC



**FILED** Jan 12, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1450 MADRUGA AVE.

1450 MADRUGA AVE.

SUITE 303

CORAL GABLES, FL 33146

SUITE 303 CORAL GABLES, FL 33146



01062005 No Chg-LLC

CR2E083 (10/03)

| 4. FEI Number                    | <br>Applied For                   |  |  |
|----------------------------------|-----------------------------------|--|--|
| <u>83-0347604</u>                | Not Applicat                      |  |  |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |  |  |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COSCULLUELA, EUGENIO JR. 1450 MADRUGA AVE.

SUITE 303 CORAL GABLES, FL 33146

## DO NOT WRITE IN THIS SPACE

| 5. The above<br>the obligat | named entity submits this statement for the purpose of cha-<br>ions of registered agent.   | nging its registered office or registered agent, or bo       | oth, in the State of Florida. I am familiar with, and accept |
|-----------------------------|--|--|--|
| SIGNATURE_                  | <u> </u>   | <u></u>  |  |
|                             | Signature, typed or printed name of registered agent and title if applicable   | (NOTE, Registered Agent signature required when reinstating) | DATE   |
| Fi<br>Di                    | iling Fee is \$50.00<br>ue by May 1, 2005  |  |  |
| 9.                          | MANAGING MEMBERS/MANAGERS  |  |  |
| TITLE                       | P  |  |  |
| NAME                        | COSCULLUELA, EUGENIO J   |  | 100000178403   |
| STREET ADDRESS              | 1450 MADRUGA AVENUE, SUITE 303   |  | 01/12/05-80026-010 50.00                                     |
| CITY-ST-ZIP                 | CORAL GABLES, FL 33146   |  |  |
| TITLE                       |  | _  |  |
| NAME                        |  |  |  |
| STREET ADDRESS              |  |  |  |
| CITY-ST-ZIP                 |  |  |  |
| TITLE                       |  |  | ·  |
| NAME                        |  |  |  |
| STREET ADDRESS              |  | l 50   |  |
| CITY-ST-ZIP                 |  | l DO   | NOT WRITE  |
| TITLE                       | in the state of th | 1N1 '  | TUIC CDACE   |
| NAME                        |  | I IIV  | THIS SPACE   |
| STREET ADDRESS              |  |  |  |
| CITY-ST-ZIP                 |  |  |  |
| TITLE                       |  |  | -<br>-   |
| NAME                        |  |  |  |
| STREET ADDRESS              |  |  |  |
| CITY-ST-ZIP                 |  |  |  |
| TITLE                       |  |  | •  |

11. I hereby certify that the information supplied with this filling 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.

| $\sim$ | $\sim$ | ы. |   |    |  |
|--------|--------|----|---|----|--|
| -      |        |    |   | UR |  |
| _      |        |    | _ |    |  |

NAME STREET ADDRESS CITY-ST-ZIP

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

305-662-6840