

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000001067

Entity Name: UNITED DEVELOPMENT, L.L.C.

**FILED**  
**Jun 21, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

910 BAY DRIVE APT.#33  
MIAMI BEACH, FL 33141

## **New Principal Place of Business:**

7800 W. OAKLAND PARK BLVD.  
BLDG. G  
SUNRISE, FL 33351

## **Current Mailing Address:**

777 ARTHUR GODFREY ROAD  
SECOND FLOOR  
MIAMI BEACH, FL 33140

## **New Mailing Address:**

7800 W. OAKLAND PARK BLVD.  
BLDG. G  
SUNRISE, FL 33351

FEI Number: 33-1040891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

PIGEON, ROMAIN  
910 BAY DRIVE APT.#33  
MIAMI BEACH, FL 33141

## **Name and Address of New Registered Agent:**

PIGEON, ROMAIN  
5600 COLLINS AVENUE  
16N  
MIAMI BEACH, FL 33140

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.

SIGNATURE:

06/21/2004

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: PIGEON, ROMAIN  
Address: 910 BAY DRIVE APT.#33  
City-St-Zip: MIAMI BEACH, FL 33141

## **ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PIGEON, ROMAIN  
Address: 5600 COLLINS AVENUE, #16N  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROMAIN PIGEON

MGR

06/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date