

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000001743**

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



Principal Place of Business  
**355 ALHAMBRA CIRCLE, STE. 900  
CORAL GABLES, FL 33134**

Mailing Address  
**355 ALHAMBRA CIRCLE, STE. 900  
CORAL GABLES, FL 33134**



04192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0564543**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COBB, KOLLEEN O.P. ESQ  
C/O CODINA GROUP  
355 ALHAMBRA CIRCLE, STE. 900  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

000000329924  
04/25/05-80138-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
MALLORY & EVANS DEVELOPMENT LLC  
625 KENTUCKY STREET  
SCOTSDALE, GA 30079**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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CITY- ST- ZIP

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IN THIS SPACE**

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:** *Kolleen O.P. Cobb*

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

*4/21/05 305-520 2944*

Date

Daytime Phone #