

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007521

FILED
Apr 28, 2005
Secretary of State

Entity Name: HELICONIA DEVELOPMENT, LLC

Current Principal Place of Business:

20 E. OAKLAND PARK BLVD.
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

20 E. OAKLAND PARK BLVD.
FT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 20-0207023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVENDER, JOEL R ESQ
507 S.E. 11TH CT.
FT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRYNTESEN, REBECA GALIANO
Address: 2735 N.E. 19 ST.
City-St-Zip: FT LAUDERDALE, FL 33305

Title: MGRM () Delete
Name: ABBATE, JAYE
Address: 1222 S.E. 1ST ST.
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: NOTHARD, MARGARET J
Address: 215 S.W. 15TH WAY
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REBECA GALIANO BRYNTESEN

MGRM

04/28/2005

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