

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90021 013 ****50.00

DOCUMENT # L03000011554	
1. Entity Name DEERE DEVELOPMENT, L.L.C.	



Principal Place of Business 7875 SW 104 STREET 103 MIAMI FL 33156	Mailing Address 7875 SW 104 STREET 103 MIAMI FL 33156
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2. Principal Place of Business 18001 OLD CUTLER RD Suite, Apt. #, etc. 476	3. Mailing Address 18001 OLD CUTLER RD. Suite, Apt. #, etc. 476
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1st MOORE CR2E083 (10/05)

City & State PALMETTO BAY FL	City & State PALMETTO BAY FL
Zip 33157	Country USA

4. FEI Number 86-1054556	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PRENDES, STELLA 7875 SW 104 STREET 103 MIAMI FL 33156	
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7. Name and Address of New Registered Agent Name PRENDES, STELLA Street Address (P.O. Box Number is Not Acceptable) 18001 OLD CUTLER RD. SUITE 476 City PALMETTO BAY FL Zip Code 33157	
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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 <u>Stella Prendes</u> DATE <u>4/25/06</u>	
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<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENDES, ALEXANDER 7875 SW 104 STREET SUITE 103 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENDES, ALEXANDER 18001 OLD CUTLER BAY SUITE 476 PALMETTO BAY FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENDES, STELLA 7875 SW 104 STREET, STE 103 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENDES, STELLA 18001 OLD CUTLER BAY SUITE 476 PALMETTO BAY FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Stella Prendes</u>	DATE: <u>4/25/06</u> (905) 234-3004