


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90032 043 ***138.75

DOCUMENT # L03000011554					
1. Entity Name DEERE DEVELOPMENT, L.L.C.					
Principal Place of Business 18001 OLD CUTLER RD 476 MIAMI, FL 33157			Mailing Address 18001 OLD CUTLER RD 476 MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box # 6222 Paradise Point Dr.		3. Mailing Address 6222 Paradise Point Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042008 Chg-LLC CR2E083 (12/06)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 86-1054556	
Zip 33157		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRENDES, STELLA 18001 OLD CUTLER RD STE 476 MIAMI, FL 33157			7. Name and Address of New Registered Agent Name Stella Prendes Street Address (P.O. Box Number is Not Acceptable) 6222 Paradise Point Dr. City Miami FL Zip Code 33157		
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 <i>Stella Prendes</i> Stella PRENDES 4/9/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENDES, ALEXANDER 18001 OLD CUTLER BAY STE 476 MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENDES, STELLA 18001 OLD CUTLER BAY STE 476 MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Stella Prendes</i> STELLA PRENDES 4/7/08 (305) 234 3000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		