

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000015250

1. Entity Name
T.P.T. DEVELOPER, LLC



Principal Place of Business
**1313 PONCE DE LEON BLVD., STE. 310
CORAL GABLES, FL 33134**

Mailing Address
**1313 PONCE DE LEON BLVD., STE. 310
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



03232005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
51-0468337

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD., STE. 301
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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD., STE. 301
CORAL GABLES, FL 33134**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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000000234049
04/08/05-80053-009 \$5.00

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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:

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

Date

Daytime Phone #