



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90338 002 ****55.00

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		
2. Principal Place of Business - No P.O. Box # 11890 S.W. 8 St. Suite, Apt. #, etc. #502		3. Mailing Address 11890 S.W. 8 St. Suite, Apt. #, etc. #502			
City & State miami, Fl.		City & State miami, Fl.		4. FEI Number 51-0468337	
Zip 33184		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name <u>Gaston Cantens</u> Street Address (P.O. Box Number is Not Acceptable) <u>11890 S.W. 8 St. #502</u> City <u>miami</u> FL Zip Code <u>33184</u>	
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>Gaston Cantens</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gaston Cantens 11890 S.W. 8 St. #502 miami, Fl. 33184 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					