

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016538

FILED
Jan 14, 2007
Secretary of State

Entity Name: PARK LAKES DEVELOPMENT & INVESTMENTS, LLC

Current Principal Place of Business:

7102 NW 11TH COURT
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

7102 NW 11TH COURT
DORAL, FL 33178

New Mailing Address:

FEI Number: 58-2669425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ECHEVERRIA, RICARDO
7102 NW 112TH COURTRACE
DORAL, FL 33178 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/MANAGERS:

Title: MGR () Delete
Name: CRUZ, HOMERO
Address: 8515 N.W. 169TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR (X) Delete
Name: ECHEVERRIA, RICARDO
Address: 7102 N.W. 112TH COURT
City-St-Zip: MIAMI, FL 33178

Title: MGR (X) Delete
Name: CRUZ, JONATHAN H
Address: 8515 NW 169 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ECHEVERRIA, RICARDO
Address: 7102 NW 112TH COURT
City-St-Zip: DORAL, FL 33178

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 Chapter 119, 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: RICARDO ECHEVERRIA

MGR

01/14/2007

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