

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90074 007 ****50.00

DOCUMENT # L03000035568 1. Entity Name C.B.Y. DEVELOPMENT, L.L.C.					
Principal Place of Business 19901 E COUNTRY CLUB DR 604 AVENTURA, FL 33180 US			Mailing Address 19901 E COUNTRY CLUB DR 604 AVENTURA, FL 33180		
2. Principal Place of Business 19901 E COUNTRY CLUB DR			3. Mailing Address 19901 E COUNTRY CLUB DR		
Suite, Apt. #, etc. 504			Suite, Apt. #, etc. 504		
City & State AVENTURA FL			City & State AVENTURA FL		
Zip 33180		Country USA		Zip 33180	
Country USA		4. FEI Number 01-0797985			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENTATA, ARIEL J 664 EAST HALLANDALE BEACH BLVD 33009 HALLANDALE BEACH, FL 33009			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTERNATIONAL REALTY PROMOTERS GROUP, LLC 19901 E COUNTRY CLUB DR. # 604 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 504	
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	
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	
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 606, Florida Statutes.					
SIGNATURE: _____ Date: JAN 24/06 305-4690154					