2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# L03000035644

Entity Name: DEVELOP MIAMI TRANSMISSION GROUP LLC

Current Principal Place of Business:

18318 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18318 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157

New Mailing Address:

FEI Number: 41-2109558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADMIRE, JOHN G ESQ
SULLIVAN ADMIRE & SULLIVAN
2511 PONCE DE LEON BLVD., STE. 320
CORAL GABLES, FL 331346069 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	WILSON, MICHAEL W	
Address:	13447 SW 144 TERR.	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGR	( ) Delete
Name:	WILSON, WALLACE W	
Address:	13447 SW 144 TERR.	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGR	( ) Delete
Name:	WILSON, SHARON C	
Address:	13447 SW 144 TERR.	
City-St-Zip:	MIAMI, FL 33186	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: WALLACE W. WILSON MGR 01/10/2005

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