

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035764

FILED
Mar 28, 2005
Secretary of State

Entity Name: DEVELOPMENT DESIGN CONSULTING, L.L.C.

Current Principal Place of Business:

8777 COLLINS AVENUE
SUITE 310
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

8777 COLLINS AVENUE
SUITE 310
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 55-0849107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIZENSTAT, NICOLAS
8777 COLLINS AVENUE
SUITE 310
SURFSIDE, FL 33154 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: AIZENSTAT, NICOLAS
Address: 8777 COLLINS AVENUE, SUITE 310
City-St-Zip: SURFSIDE, FL 33154

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: SEIDMAN, MARISABEL
Address: 8777 COLLINS AVENUE, SUITE 310
City-St-Zip: SURFSIDE, FL 33154

Title: MGR () Change (X) Addition
Name: I.P.E.F. INC.,
Address: 5600 COLLINS AVENUE, SUITE 15N
City-St-Zip: MIAMI BEACH, FL 33140

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: NICOLAS AIZENSTAT

MGR

03/28/2005

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