


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90083 008 \*\*\*\*50.00

**DOCUMENT # L03000035764**

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



Principal Place of Business  
 8777 COLLINS AVENUE  
 SUITE 310  
 SURFSIDE, FL 33154

Mailing Address  
 8777 COLLINS AVENUE  
 SUITE 310  
 SURFSIDE, FL 33154



2. Principal Place of Business  
 260 95th Street

3. Mailing Address  
 260 95th Street

Suite, Apt. #, etc.  
 201

Suite, Apt. #, etc.  
 201

04282006 Chg-LLC CR2E083 (11/05)

City & State  
 SURFSIDE FL

City & State  
 SURFSIDE FL

4. FEI Number  
 55-0849107

Applied For  
 Not Applicable

Zip  
 33154

Country  
 USA

Zip  
 33154

Country  
 USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AIZENSTAT, NICOLAS  
 8777 COLLINS AVENUE  
 SUITE 310  
 SURFSIDE, FL 33154

7. Name and Address of New Registered Agent

Name  
 AIZENSTAT NICOLAS

Street Address (P.O. Box Number is Not Acceptable)  
 8925 COLLINS AVE

APT. 11 E

City SURFSIDE FL Zip Code 33154

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AIZENSTAT, NICOLAS 8777 COLLINS AVENUE, SUITE 310 SURFSIDE, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEIDMAN, MARISABEL 8777 COLLINS AVENUE, SUITE 310 SURFSIDE, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR I.P.E.F. INC. 5600 COLLINS AVENUE, SUITE 15N MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AIZENSTAT NICOLAS 8925 COLLINS AVE, APT 11-E SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEIDMAN MARISABEL 8925 COLLINS AVE, APT. 11-E SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR I.P.E.F. INC. 16400 COLLINS AVE, APT. 24A2 SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:** [Signature] **4/28/06** **(305) 305 3386**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #