



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L03000035764</b>					
<b>1. Entity Name</b> DEVELOPMENT DESIGN CONSULTING, L.L.C.					
<b>Principal Place of Business</b> 8777 COLLINS AVENUE SUITE 310 SURFSIDE, FL 33154			<b>Mailing Address</b> 8777 COLLINS AVENUE SUITE 310 SURFSIDE, FL 33154		
<b>2. Principal Place of Business</b> 260 95th Street		<b>3. Mailing Address</b> 260 95th Street			
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201		04282006    Chg-LLC    CR2E083 (11/05)	
<b>City &amp; State</b> SURFSIDE FL		<b>City &amp; State</b> SURFSIDE FL		<b>4. FEI Number</b> 55-0849107	
<b>Zip</b> 33154		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> AIZENSTAT, NICOLAS 8777 COLLINS AVENUE SUITE 310 SURFSIDE, FL 33154			<b>7. Name and Address of New Registered Agent</b> Name: AIZENSTAT NICOLAS Street Address (P.O. Box Number is Not Acceptable): 8925 COLLINS AVE APT. 11 E City: SURFSIDE    FL    Zip Code: 33154		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> AIZENSTAT, NICOLAS <b>STREET ADDRESS</b> 8777 COLLINS AVENUE, SUITE 310 <b>CITY-ST-ZIP</b> SURFSIDE, FL 33154	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> AIZENSTAT NICOLAS <b>STREET ADDRESS</b> 8925 COLLINS AVE, APT 11-E <b>CITY-ST-ZIP</b> SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> SEIDMAN, MARISABEL <b>STREET ADDRESS</b> 8777 COLLINS AVENUE, SUITE 310 <b>CITY-ST-ZIP</b> SURFSIDE, FL 33154	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> SEIDMAN MARISABEL <b>STREET ADDRESS</b> 8925 COLLINS AVE, APT. 11-E <b>CITY-ST-ZIP</b> SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> I.P.E.F. INC. <b>STREET ADDRESS</b> 5600 COLLINS AVENUE, SUITE 15N <b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> I.P.E.F. INC. <b>STREET ADDRESS</b> 16400 COLLINS AVE, APT. 2442 <b>CITY-ST-ZIP</b> SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/28/06    (305) 305 3386 <small>Date    Daytime Phone #</small>		