


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90056 047 ****50.00

DOCUMENT # L03000045182		
1. Entity Name PERCA DEVELOPMENTS, LLC		

Principal Place of Business 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131	Mailing Address 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131
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2. Principal Place of Business 1441 Brickell Ave	3. Mailing Address 1441 Brickell Ave
Suite, Apt. #, etc. Suite 1400	Suite, Apt. #, etc. Suite 1400
City & State Miami, FL	City & State Miami, FL
Zip 33131	Zip 33131
Country	Country



04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBERT ALLEN LAW 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Robert Allen Law Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Ave Suite 1400 City Miami FL Zip Code 33131

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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERALTA, ERNESTO 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Peralta, Ernesto 1441 Brickell Avenue Ste 400 Miami FL 33131 <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 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Umberto Bonavita 4/27/05 305-372-3300

Date

Daytime Phone #