


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000049714**


1. Entity Name  
**WIDE BAY DEVELOPMENT, LLC**



Principal Place of Business      Mailing Address

C/O SAFO LLC      C/O SAFO LLC  
 10800 BISCAYNE BLVD., #950      10800 BISCAYNE BLVD., #950  
 MIAMI, FL 33161      MIAMI, FL 33161

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-LLC      CR25083 (10/03)

A. FEI Number      Applied For  
**20-0445356**      Not Applicable

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

8. Name and Address of Current Registered Agent

**BELOFF, JONATHAN O ESQ**  
 1111 LINCOLN RD, STE 400  
 MIAMI BEACH, FL 33139

**DO NOT WRITE IN THIS SPACE**

9. 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 filer (if applicable)      NOTE: Registered Agent signature required when requesting      DATE

**Filing Fee is \$50.00**  
**Due by May 7, 2005**

**10. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GLAZER, OFER
STREET ADDRESS	10800 BISCAYNE BLVD., #950
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	MGRM
NAME	ALEXANDER, SHLOMI
STREET ADDRESS	14600 BISCAYNE BLVD
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33181
TITLE	MGRM
NAME	NEUMAN, GIL
STREET ADDRESS	14600 BISCAYNE BLVD
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000355818  
 05/04/05-80009-016 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 60B, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **4-28-05 (305)891-0017**

SIGNATURE AND TYPED OR PRINTED NAME OF OWNER, MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Domain-Phone #

X

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