

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000049714**

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



Principal Place of Business  
**C/O SAFO LLC**  
**10800 BISCAYNE BLVD., #950**  
**MIAMI, FL 33161**

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



04072006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0445356** Applied For  
 Not Applied

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

**6. Name and Address of Current Registered Agent**

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

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

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

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

U00000524156  
 05/03/06-80099-022 50.00

**DO NOT WRITE IN THIS SPACE**

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 included 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: \_\_\_\_\_ Date: **4/21/06** 305 891 001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE