


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000001039 1. Entity Name INDIAN RIVER NO. 2 DEVELOPERS, L.L.C.	
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Principal Place of Business 7860 PETERS ROAD, SUITE F-111 PLANTATION, FL 33324	Mailing Address 7860 PETERS ROAD, SUITE F-111 PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1666183	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR., ESQ FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 E. COMMERCIAL BLVD., SUITE 826 FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADKIN, S. MARTIN 7860 PETERS ROAD, SUITE F-111 PLANTATION, FL 33324
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<p>U000000745636 05/16/07-80038-001 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **Managing Member**
S. Martin Sadkin **April 25, 2007** **954-370-7788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #