2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE HIP THIS SPACE

DOCUMENT # L04000001541

1. Entity Name

STILÉS-HERNANDEZ DEVELOPMENT, LLC



FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90025 024 ****50.00

Principal Place of Business

300 S.E. 2ND ST.

FORT LAUDERDALE, FL 33301

Mailing Address

300 S.E. 2ND ST.

FORT LAUDERDALE, FL 33301



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0892689

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, PATRICIA 300 S.E. 2ND ST.

FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

| | | IN THIS SPACE |
|---|---|---|
| 8. The above the obligat | e named entity supmits this statement for the purpose of chai tions of registered agent. | nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| 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, 2006 | | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE | MGR | |
| NAME | HERNANDEZ, ALEX | |
| STREET ADDRESS | 300 S.E. 2ND ST. | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 | |
| TITLE | MGRM | |
| NAME | STILES, TERRY W | |
| STREET ADDRESS | 300 S.E. 2ND ST. | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 | |
| TITLE | | |
| NAME | | |
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| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

4 Stiles

4/17/06

9<4-627-9300

Daytime Phone #