


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000004098
1. Entity Name
SOUTH MIAMI DEVELOPER GROUP, LLC



Principal Place of Business
**2666 BRICKELL AVE.
MIAMI, FL 33129**

Mailing Address
**2666 BRICKELL AVE.
MIAMI, FL 33129**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
76-0749486

Applied For
Not Applicable

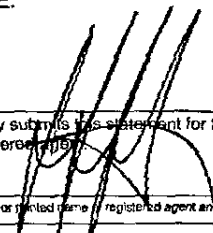
5. Certificate of Status Desired **\$5.00** Additional
Fees Required

6. Name and Address of Current Registered Agent

**HEINZ, HUGO
2666 BRICKELL AVE.
MIAMI, FL 33129**

**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  **1-28-06** DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)

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


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEFORTUNA, WALTER 2666 BRICKELL AVE. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000425312
02/18/06-80091-010 50.00

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:  **2-1-06** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE