

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015212

1. Entity Name
REALCA DEVELOPMENT, L.L.C.



Principal Place of Business
1150 NW 72ND AVENUE, PH-1
MIAMI, FL 33126

Mailing Address
1150 NW 72ND AVENUE, PH-1
MIAMI, FL 33126

FILED
Apr 23, 2007 08:00 AM
Secretary of State



04092007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
86-1098283

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z
7270 NW 12TH STREET, PH-1
MIAMI, FL 33126

**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	MGRM
NAME	REYES, RAFAEL
STREET ADDRESS	1150 NW 72ND AVENUE, PH-1
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	CAPO, ALEJANDRO
STREET ADDRESS	1150 NW 72ND AVE PH-1
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000725071

05/03/07-80006-019 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: _____

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

Date

Daytime Phone #