

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

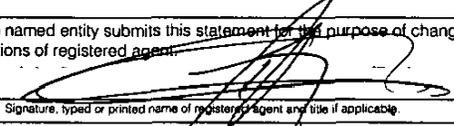
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May 02, 2005 8:00 am
Secretary of State

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04252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000017529					
1. Entity Name SOUTH BAY DEVELOPERS XI, LLC					
Principal Place of Business C/O STE 2, 50 W MASHTA DR KEY BISCAYNE, FL 33149			Mailing Address C/O STE 2, 50 W MASHTA DR KEY BISCAYNE, FL 33149		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 27-0084004				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent NORMAN T. ROBERTS, P.A. 40 W MASTA DR, STE 4 KEY BISCAYNE, FL 33149			7. Name and Address of New Registered Agent Name: ROBERTO G. CORTEZ Street Address (P.O. Box Number is Not Acceptable): 50 W Mashta Drive Suite # 2 City: Key Biscayne FL Zip Code: 33149		
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: 				DATE: 4-25-05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			MGEM		
STREET ADDRESS			Allegiance Partners, Inc.		
CITY-ST-ZIP			50 W Mashta Drive Suite # 2		
			Key Biscayne, FL 33149		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			MGEM		
STREET ADDRESS			Waisson Holding, LLC		
CITY-ST-ZIP			50 W Mashta Drive Suite # 2		
			Key Biscayne, FL 33149		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				DATE: 4-22-05 (305) 365-7676	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	