

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017529

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** SOUTH BAY DEVELOPERS XI, LLC

**Current Principal Place of Business:**

50 W MASHTA DR  
2  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

50 W MASHTA DR  
2  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

50 W MASHTA DR  
SUITE # 2  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

50 W MASHTA DR  
SUITE # 2  
KEY BISCAYNE, FL 33149

**FEI Number:** 27-0084004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORTES, ROBERTO G  
50 W MASHTA DR, STE 2  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

CORTES, ROBERTO G  
50 W MASHTA DR,  
SUITE # 2  
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: ROBERTO CORTES

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SOUTH BAY HOLDINGS, LLC  
Address: 50 W MASHIA DRIVE, STE 2  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERTO CORTES

RA

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date