FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90215 020 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000026850

1. Entity Name
CASA MIA DEVELOPMENT CO., LLC

30005769

Principal Place of Business	Mailing Address
P.O. BOX 2223 MIAMI BEACH, FL 33140	P.O. BOX 2223 MIAMI BEACH, FL 33140

01212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
120-168 NW 27th AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FLORIDA		City & State	
Zip: 33125	Country: U.S.A.	Zip	Country

4. FEI Number — ☑ Applied For / ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MOTOLA, BERNARDO, ESQ.~~ HOFFMAN LEVY BENGIO + Co
~~LUSKY & MOTOLA, P.A.~~ ATT: RONEN BENHARUSH
~~301 ALMERIA AVENUE, STE. 348~~ 2525, N STATE ROAD 7 SUITE 115
~~CORAL GABLES, FL 33134~~ HOLLYWOOD FL 33021.

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] 5/1/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ADRIAN GREEN 3120 PINE TREE DRIVE MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YVES BARROUKH 5696 ALTON ROAD MIAMI BEACH, FL 33140.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #