


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-27-2005 90038 021 ****50.00

DOCUMENT # L04000026903

1. Entity Name
EMERALD PLAZA DEVELOPER PARTNERS, LLC



Principal Place of Business Mailing Address
3052 S.W. 27 AVENUE, #101 **3052 S.W. 27 AVENUE, #101**
MIAMI, FL 33133 **MIAMI, FL 33133**

30008033



2. Principal Place of Business 3. Mailing Address
2200 South Dixie Hwy **2200 South Dixie Hwy**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 705 **Suite 705**

04182005 Chg-LLC CR2E0B3 (10/03)

City & State City & State
Coconut Grove, FL **Coconut Grove, FL**
 Zip Country Zip Country
33133 **Dade** **33133** **Dade**

4. FEI Number Applied For
83-0407955 Not Applicable

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

6. Name and Address of Current Registered Agent
QUESADA, G. FRANK ESQUIRE
1313 PONCE DE LEON BOULEVARD, SUITE 200
CORAL GABLES, FL 33134

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 _____ DATE **4-15-05**
Signature, hand or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reissuing)

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 MGRM Delete
 NAME **RENZI, RENZO**
 STREET ADDRESS **3052 S.W. 27 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **Renzi, Renzo** Change Addition
 NAME **201 Crandon Blvd. #163**
 STREET ADDRESS **Key Biscayne, FL 33149**
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME **RENZI, PASQUALE**
 STREET ADDRESS **3052 S.W. 27 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **Renzi, Pasquale** Change Addition
 NAME **7120 West Lago Drive**
 STREET ADDRESS **Coral Gables, FL 33143**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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 606, Florida Statutes.

SIGNATURE: *Pasquale Renzi* Date **4/15/05** Daytime Phone # **305-858-2286**
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE