


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90311 022 \*\*\*138.75

<b>DOCUMENT # L04000027044</b>	
1. Entity Name V20 DEVELOPMENT, LLC	

Principal Place of Business 1500 NORTH FEDERAL HIGHWAY SUITE 250 FORT LAUDERDALE, FL 33304 US	Mailing Address 1500 NORTH FEDERAL HIGHWAY SUITE 250 FORT LAUDERDALE, FL 33304 US
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**60025846**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State	City & State	4. FEI Number 41-2134070	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

BENJAMIN E. OLIVE, P.A.  
2400 E. LAS OLAS BOULEVARD  
STE. A  
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name  
**BENJAMIN E. OLIVE, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2438 E. LAS OLAS BOULEVARD**

City  
**FORT LAUDERDALE** FL Zip Code  
**33301**

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 **4/17/08**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATO HOLDINGS.LLC <input type="checkbox"/> Delete 100 SOUTH BIRCH ROAD #903 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM B.M.C. ENTERPRISES.LLC <input type="checkbox"/> Delete 2400 E. LAS OLAS BLVD, SUITE A FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>B.M.C. ENTERPRISES, LLC</b> <b>2438 E. LAS OLAS BLVD</b> <b>FORT LAUDERDALE, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE **4/18/08**

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