


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90083 032 ***138.75

DOCUMENT # L04000033000 1. Entity Name SPLIT DEVELOPMENT GROUP, LLC																													
Principal Place of Business C/O ENRIQUE R. NARCISO, MEMBER 2655 LE JEUNE ROAD, SUITE #408 MIAMI, FL 33134			Mailing Address C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 200 S. Biscayne Blvd. Suite, Apt. #, etc. Suite # 3900 City & State Zip Country		4. FEI Number 20-1316384 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ. 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. Suite # 3900 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 the registered agent. SIGNATURE <i>Marc Auerbach</i> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGRM NARCISO, ENRIQUE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2655 LE JEUNE ROAD, SUITE 408</td> <td></td> </tr> <tr> <td></td> <td>MIAMI, FL 33134</td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS	MGRM NARCISO, ENRIQUE	<input type="checkbox"/>	CITY-ST-ZIP	2655 LE JEUNE ROAD, SUITE 408			MIAMI, FL 33134		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>	CITY-ST-ZIP			
TITLE	NAME	Delete																											
STREET ADDRESS	MGRM NARCISO, ENRIQUE	<input type="checkbox"/>																											
CITY-ST-ZIP	2655 LE JEUNE ROAD, SUITE 408																												
	MIAMI, FL 33134																												
TITLE	NAME	Change	Addition																										
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>																										
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>	CITY-ST-ZIP						
TITLE	NAME	Delete																											
STREET ADDRESS		<input type="checkbox"/>																											
CITY-ST-ZIP																													
TITLE	NAME	Change	Addition																										
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>																										
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>	CITY-ST-ZIP						
TITLE	NAME	Delete																											
STREET ADDRESS		<input type="checkbox"/>																											
CITY-ST-ZIP																													
TITLE	NAME	Change	Addition																										
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>																										
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>	CITY-ST-ZIP						
TITLE	NAME	Delete																											
STREET ADDRESS		<input type="checkbox"/>																											
CITY-ST-ZIP																													
TITLE	NAME	Change	Addition																										
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>																										
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>	CITY-ST-ZIP						
TITLE	NAME	Delete																											
STREET ADDRESS		<input type="checkbox"/>																											
CITY-ST-ZIP																													
TITLE	NAME	Change	Addition																										
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>																										
CITY-ST-ZIP																													
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 <i>Marc Auerbach</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				2/22/08 305 662 8242 <small>(Date) (Daytime Phone #)</small>																									

60017369



02202008 Chg-LLC CR2E083 (12/06)