

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90020 003 ***138.75

DOCUMENT # L04000037401

1. Entity Name
MASTERRA DEVELOPERS, LLC



Principal Place of Business
**800 DOUGLAS RD, PENTHOUSE
CORAL GABLES, FL 33134**

Mailing Address
**800 DOUGLAS RD, PENTHOUSE
CORAL GABLES, FL 33134**

00000140



02252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1164351

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MENENDEZ, FRANCISCO J
2200 MUSEUM TOWER
150 W FLAGLER ST
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	MAS, JUAN CARLOS D
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	MARTIN, PEDRO A D #1A
NAME	1200 BRICKELL AVE. suite 1800
STREET ADDRESS	MIAMI, FL 33131
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #