
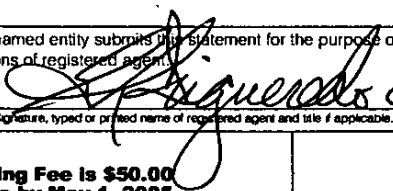
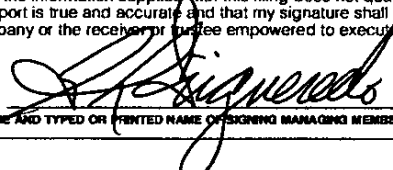


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90046 009 \*\*\*\*50.00

<b>DOCUMENT # L04000043762</b>					
1. Entity Name GLF DEVELOPMENT, LLC					
Principal Place of Business 7000 SW 110 TERRACE PINECREST, FL 33156			Mailing Address 7000 SW 110 TERRACE PINECREST, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent LEE, STEVEN M PA 1699 CORAL WAY, STE. 502 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name <b>GUSTAVO L. FIGUEREDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7000 SW 110 TERR.</b> City <b>PINECREST</b> <b>FL</b> Zip Code <b>33156</b>	
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 		GUSTAVO L. FIGUEREDO		DATE <b>04/20/05</b>	
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIGUEREDO, GUSTAVO L		NAME		
STREET ADDRESS	7000 SW 110 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIGUEREDO, YVONNE M		NAME		
STREET ADDRESS	7000 SW 110 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 608, Florida Statutes.					
SIGNATURE: 		GUSTAVO L. FIGUEREDO		DATE <b>04/20/05</b> 305-962-1654	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

