


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90086 049 ****50.00

DOCUMENT # L04000045527 1. Entity Name LLL DEVELOPERS, LLC					
Principal Place of Business 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134			Mailing Address 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03222005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number APPLIED FOR	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD., SUITE 603 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 agents.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR HENAO, LUIS 901 PONCE DE LEON BLVD., STE 603 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSORNO, JUAN 901 PONCE DE LEON BLVD., STE 603 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSORNO, JUAN 901 PONCE DE LEON BLVD., STE 603 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSORNO, JUAN 901 PONCE DE LEON BLVD., STE 603 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSORNO, JUAN 901 PONCE DE LEON BLVD., STE 603 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
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: _____		4/28/05 (305) 444-1741			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			