


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90101 004 ****55.00

DOCUMENT # L04000047425

1. Entity Name
SESAME DEVELOPMENT, LLLC



Principal Place of Business Mailing Address

104 CRADON BLVD., SUITE 401 104 CRADON BLVD., SUITE 401
 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State City & State

4. FEI Number Applied For

06-1728922 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINERVINE, DIANA <input checked="" type="checkbox"/> Delete 104 CRADON BLVD., SUITE 201 KEY BISCAYNE FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COBO, ALEX <input checked="" type="checkbox"/> Delete 104 CRADON BLVD., SUITE 401 KEY BISCAYNE FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINERVINE, DIANA <input checked="" type="checkbox"/> Delete 104 CRADON BLVD., SUITE 401 KEY BISCAYNE FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COBO, ALEX <input checked="" type="checkbox"/> Delete 104 CRADON BLVD., SUITE 401 KEY BISCAYNE FL 33149
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	MGR GEM INVESTMENTS CORP. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 104 CRADON BLV # 401 KEY BISCAYNE, FL. 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COBO CONSULTING CORP. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 104 CRADON BLV # 401 KEY BISCAYNE, FL. 33149
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 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 Diana Gannina Minervine Date 4/19/05 Daytime Phone # (305) 368 6783

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