FILED
May 14, 2007 8:00 am
Secretary of State
04-24-2007 90114 026 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047425

1. Entity Name
SESAME DEVELOPMENT, LLC

300027653

Principal Place of Business	Mailing Address
104 CRADON BLVD., SUITE 401 KEY BISCAYNE, FL 33149	104 CRADON BLVD., SUITE 401 KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

04192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
06-1728922
☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GMK INVESTMENTS CORP
STREET ADDRESS	104 CRANDON BLVD #401
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGRM
NAME	COBO CONSULTING CORP.
STREET ADDRESS	104 CRANDON BLVD #401
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] Managing Member 4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #