

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 10 PM 3:00

DOCUMENT # L04000048138

1. Entity Name
TAILERS' COVE DEVELOPMENT LLC



Principal Place of Business
801 BRICKELL AVENUE, SUITE 2380
MIAMI, FL 33131

Mailing Address
801 BRICKELL AVENUE, SUITE 2380
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012005 Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2154968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, PABLO A
801 BRICKELL AVENUE, SUITE 2380
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name TTK SERVICE LLC

Street Address (P.O. Box Number is Not Acceptable)

801 BRICKELL AVE., STE 2380

City Miami

FL

Zip Code 33131

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 RAFAEL SANCHEZ-ABALLI PRESIDENT 4.21.05

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

(NOTE: Registered Agent signature required when reconstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SANCHEZ-ABALLI, RAFAEL
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 2380
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE MGR
NAME ALVAREZ, PABLO A
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 2380
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE MGR
NAME BERMUDEZ, JUAN JOSE
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 2380
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

MANAGER RAFAEL SANCHEZ-ABALLI 4.21.05

305.779.5041