2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # L0400051184 1. Entity Name DEVELOPMENT ZONE GROUP, LLC			Section 1		04-27-2005 90037 040 ****50.00				
Principal Place	e of Business	Mailing Address	•		1				
6201 SW 70 STREET 2ND FLOOR		6201 SW 70 STREET 2ND FLOOR				1400221	i		
		SOUTH MIAMI, FL 33143	FL 33143 US			ROME CIRIL ROME SSILL POME		IBTH AIRI	FAL EN INTE
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192005	Chg-LLC	CR2E083 (10	0/03)	
City & State		City & State		4. FEI Number	379490	77		plied For Applicable	
Zip	Country Zip Cour		Country		5. Certificate of	of Status Desired		O Addi equired	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Ro	gistered Agent		
MILIMILLA DALIS			'	Name					
MUNILLA, RAUL 6201 SW 70 STREET 2ND FLOOR				Street Address	P.O. Box Numbe	r is Not Acceptable)		
	IAMI, FL 33143)							
	$\mathcal{M} \cap \mathcal{M}$	1	٦	City			FL Zi	p Code	•
8. The above named entity subhits his 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 redistered elberts. A 20105									
SIGNATURE .	Signature syped solution name of egispered agent	and tale if applicable. (NOTE: I	Registered Ag	geni signature require	when reinstating)		DATE		
		1							
	ling Fee is \$50.00 ue by May 1, 2005						check payable Department of		
9.	ue by May 1, 2005 MANAGING MEMBE		10.				Department of	State	
9. TITLE	ue by May 1, 2005 MANAGING MEMBE PRES	RS/MANAGERS	TITLE			Florida	Department of	State	Addition
9.	ue by May 1, 2005 MANAGING MEMBE			ADDRESS		Florida	Department of	State	
9. TITLE NAME	MANAGING MEMBE PRES SANDOVAL, CARMEN M 4706 GRANADA BLVD CORAL GABLES, FL 33146		TITLE NAME	I		Florida	Department of	State	Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE PRES SANDOVAL, CARMEN M 4706 GRANADA BLVD CORAL GABLES, FL 33146 VP		TITLE NAME STREET A CITY-ST-	I		Florida	Department of	nange	
9. IITLE NAME STREET ADDRESS CITY-ST-2IP	MANAGING MEMBE PRES SANDOVAL, CARMEN M 4706 GRANADA BLVD CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET A CITY-ST-	-ZIP		Florida	Department of CHANGES	nange	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE PRES SANDOVAL, CARMEN M 4706 GRANADA BLVD CORAL GABLES, FL 33146 VP MUNILLA, RAUL	☐ Delete	TITLE NAME STREET A CITY-ST- TITLE NAME	- ZIP ADDRESS		Florida	Department of CHANGES	nange	Addition
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I nereby certify that the information supplied with this litting opes not quality for the exemption stated in Section 119.07(3)(f). Plottob statutes, I further certify that the information indicated on this reportly truth and accurate and that my signature is 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 ON PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE