


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90056 022 ****50.00

DOCUMENT # L04000051184

1. Entity Name
DEVELOPMENT ZONE GROUP, LLC



Principal Place of Business Mailing Address

6201 SW 70 STREET **6201 SW 70 STREET**
2ND FLOOR **2ND FLOOR**
SOUTH MIAMI, FL 33143 US **SOUTH MIAMI, FL 33143 US**

20046852



2. Principal Place of Business 3. Mailing Address

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

4706 GRANADA BLVD

05152006 Chg-LLC CR2E083 (11/05)

City & State City & State

CORAL GABLES FL.

4. FEI Number Applied For

04-3794997 Not Applicable

Zip Country Zip Country

33143 **FL**

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

6. Name and Address of Current Registered Agent

MUNILLA, RAUL
6201 SW 70 STREET
2ND FLOOR
SOUTH MIAMI, FL 33143

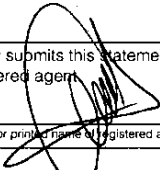
7. Name and Address of New Registered Agent

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:  Date: **4/20/06**

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 September 6, 2006

Make check payable to
Florida Department of State

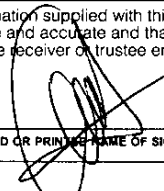
9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PRES | <input type="checkbox"/> Delete |
| NAME | SANDOVAL, CARMEN M | |
| STREET ADDRESS | 4706 GRANADA BLVD | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MUNILLA, RAUL | |
| STREET ADDRESS | 6201 SW 70 STREET, 2ND FLR | |
| CITY-ST-ZIP | SOUTH MIAMI, FL 33143 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:  Date: **4/20/06** Daytime Phone #

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