2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# L04000056674

Entity Name: NORTHEAST DEVELOPMENT LLC

Current Principal Place of Business:

9231 S.W. 130TH STREET
MIAMI, FL 33176

New Principal Place of Business:

12421 SW 90 AVENUE
MIAMI, FL 33176

Current Mailing Address:

9231 S.W. 130TH STREET
MIAMI, FL 33176

New Mailing Address:

12421 SW 90 AVENUE
MIAMI, FL 33176

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGHAK, MARIE A
9231 S.W. 130TH STREET
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MAGHAK, MARIE A
12421 SW 90 AVENUE
MIAMI, FL 33176 US

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.

SIGNATURE: _____ 04/15/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: COTE, ALAN H
Address: 9231 S.W. 130TH STREET
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Delete
Name: MAGHAK, MARIE A
Address: 9231 S.W. 130TH STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COTE, ALAN H
Address: 12421 SW 90 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: MGR (X) Change ( ) Addition
Name: MAGHAK, MARIE A
Address: 12421 SW 90 AVENUE
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARIE A. MAGHAK MGR 04/15/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date