## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # L0400070841  1. Entity Name QUEEN DEVELOPERS, L.L.C.							04-17-2006 90047 035 ****50.00				
Principal Place of Business Mailing Address 1701 S.W. 2ND AVENUE 1701 S.W. 2ND AVENUE MIAMI, FL 33129 MIAMI, FL 33129								**************************************	110		
2. Principal P			3. Mailing Address 1110 Brickell Avenue			ρ					
MOBrickell Avenue Suite, Apr. #, etc. Suite 402			Suite, Apt. #, etc. 501te 402				04122006	6 Chg-LLC CR2E083 (11/05)			
City & State Miami, FL			City & State Miami, FL				4. FEI Number			plied For ot Applicable	
3313	1	Country	33131	Coun	<sup>lry</sup> A		5. Certificate	of Status Desired		5.00 Add e Require	
	_6. Name	and Address of Current	Registered Agent		Name		7. Name and	Address of New Reg	gistered Age	ent	
FERNAND	O J. POR	NANDO J ESQ TUONDO, P.A.	Street Address (			P.O. Box Number is Not Acceptable)					
2121 PON CORAL GA		ON BLVD.,SUITE 60 33134	00	1110 B			rickell Avenue Suite 402				
	/	1	City			1ia			FL	Zip Cod	
8. The above	named entitions of regist	y submits this statement of	r the purpose of changing its	registere	ed office or			th, in the State of Flori	da. I am fan		
SIGNATURE	r Kus	they									
	Aftigature, typed										
<u> </u>	9-	or printed name of registered agent	and title if applicable. (NOTe	E: Registere	d Agent signet	ure required	when reinstating)		DATE		
(A)	iling Fee i	is \$50.00	and title if applicable. (NOT6	E: Registere	d Agent signati	ure required	when reinstating)		check pay Departmen		8
9.	iling Fee	is \$50.00		E: Registered	d Agent signate	ure required	when reinstating)		check pay Departmen		8
9. TITLE	iling Fee in the by May	is \$50.00 y 1, 2006 MANAGING MEMBE		10.		MOI	2	ADDITIONS/C	check pay Departmen	t of State	Addition
9.	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	RS/MANAGERS	10. TSTLE NAM STRE		M©1	2 Ca, Guil	ADDITIONS/O	check pay Departmen	t of State	Addition
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	RS/MANAGERS	10. ISTLE NAM STRE CITY	E E ADORESS -ST-ZIP	M©1	2 Ca, Guil	ADDITIONS/C	check pay Departmen HANGES	t of State	Addition
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	RS/MANAGERS  Delete	10. TITLE NAM STREE CITY TITLE NAM	E E ADORESS -ST-ZIP	M©1	2 Ca, Guil	ADDITIONS/O	check pay Departmen HANGES	d Change	Addition
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	RS/MANAGERS Delete	10. TITLE NAM STRE CITY TITLE NAM STRE CITY	E E ET ADORESS -SI-ZIP E E E EET ADORESS -SI-ZIP	M©1	2 Ca, Guil	ADDITIONS/O	check pay Departmen	d Change	Addition
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	RS/MANAGERS  Delete	10. TITLE NAM STRE CITY TITLE NAM STRE	E E ET ADORESS -ST-ZIP E E E ET ADORESS -ST-ZIP	M©1	2 Ca, Guil	ADDITIONS/O	check pay Departmen	d Change	Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	RS/MANAGERS Delete	10. ISTER NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE	E E E ET ADORESS -ST-ZIP E E E E E ET ADORESS -ST-ZIP E E E	M©1	2 Ca, Guil	ADDITIONS/O	check pay Departmen	d Change	Addition
9.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	Delete  Delete	10. ISTER NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE	E E ET ADORESS -ST-ZIP E E ET ADORESS -ST-ZIP E E E ET ADORESS -ST-ZIP E E E ET ADORESS -ST-ZIP	M©1	2 Ca, Guil	ADDITIONS/O	check pay Departmen	d Change	Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	RS/MANAGERS Delete	10. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM NAM	E E ET ADORESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	Mol Lein Hio Hio	2 Ca, Guil	ADDITIONS/O	check pay Departmen	Change Change Change	Addition  Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	Delete  Delete	10. ISTEE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY	E E ET ADORESS -ST-ZIP E E E EET ADORESS -ST-ZIP E E E E EET ADORESS -ST-ZIP E E E ET ADORESS	M©1	2 Ca, Guil	ADDITIONS/O	check pay Departmen	Change Change Change	Addition  Addition  Addition
9.  ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	Delete  Delete	10. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	E E ET ADORESS -ST-ZIP E E E ET ADORESS	Mol Lein Hio Hio	2 Ca, Guil	ADDITIONS/O	check pay Departmen	Change Change Change	Addition  Addition  Addition
9.  ITITLE NAME STREET ADDRESS CITY-S1-ZIP THE NAME STREET ADDRESS CITY-S1-ZIP	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	Delete  Delete  Delete	10. TITLE NAME STREE CITY	E E ET ADORESS -ST-ZIP E E E ET ADORESS	Mol Lein Hio Hio	2 Ca, Guil	ADDITIONS/O	check pay Departmen	Change Change Change	Addition Addition Addition Addition
9.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR REINA, G	is \$50.00 y 1, 2006  MANAGING MEMBE  UILLERMO 2 2ND AVENUE	Delete  Delete  Delete	10. ISTER NAME STREE CITY TITLE NAME STREE CITY	E E ET ADORESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	Mol Lein Hio Hio	2 Ca, Guil	ADDITIONS/O	check pay Departmen	Change Change Change	Addition Addition Addition Addition

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 in ormation 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.

STREET ADDRESS

CITY-ST-ZIP

PED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP