
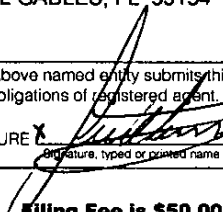
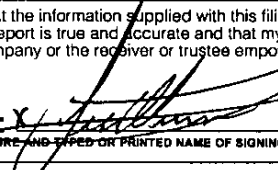


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90047 035 \*\*\*\*50.00

<b>DOCUMENT # L04000070841</b> 1. Entity Name <b>QUEEN DEVELOPERS, L.L.C.</b>					
Principal Place of Business <b>1701 S.W. 2ND AVENUE MIAMI, FL 33129</b>			Mailing Address <b>1701 S.W. 2ND AVENUE MIAMI, FL 33129</b>		
2. Principal Place of Business <b>1110 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Miami, FL</b> Zip <b>33131</b>		3. Mailing Address <b>1110 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Miami, FL</b> Zip <b>33131</b>		4. FEI Number <b>20-1697488</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PORTUONDO, FERNANDO J ESQ FERNANDO J. PORTUONDO, P.A. 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Reina, Guillermo</b> Street Address (P.O. Box Number is Not Acceptable) <b>1110 Brickell Avenue Suite 402</b> City <b>Miami</b> State <b>FL</b> Zip Code <b>33131</b>		
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REINA, GUILLERMO 1701 S.W. 2ND AVENUE MIAMI, FL 33129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Reina, Guillermo 1110 Brickell Avenue Suite 402 Miami, FL 33131
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 <b>4/12/06</b> Daytime Phone # <b>305-3717636</b> <div style="text-align: right;">(14)</div>		

**PAID**  
**4/12/06**  
**\$1060**  
**Queen Dev.**