

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED

May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000073742

1. Entity Name

F DEVELOPMENT LLC



Principal Place of Business

2189 WEST 60 STREET
SUITE 205
HIALEAH FL 33016

Mailing Address

2189 WEST 60 STREET
SUITE 205
HIALEAH FL 33016



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

59-3785839

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FANO, JOSE E
2189 WEST 60 STREET
SUITE 205
HIALEAH FL 33016

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

Signature typed or printed name of registered agent with title (if applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME FANO, TANIA
STREET ADDRESS 2189 WEST 60 STREET SUITE 205
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ Change ☐ Addition
NAME 000000942002
STREET ADDRESS 05/29/08-80001-009 143.75
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME FANO, JOSE E
STREET ADDRESS 2189 WEST 60 STREET SUITE 205
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

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

Date

Capital P. #

4/24/08 3055564200