


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/9/2005-90054-033-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000085765 1. Entity Name ORLOVETSKAYA DEVELOPMENT CO., LLC					
Principal Place of Business 17070 COLLINS AVENUE, SUITE 259 SUNNY ISLES BEACH, FL 33160			Mailing Address 17070 COLLINS AVENUE, SUITE 259 SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		06302005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 04-00116098				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZELYONY, ALEXANDER 17070 COLLINS AVENUE, SUITE 259 SUNNY ISLES BEACH, FL 33160			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTH FLORIDA EXCLUSIVE PROPERTIES, INC. 17070 COLLINS AVENUE, SUITE 259 SUNNY ISLES BEACH, FL 33160		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>AZER</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>06/30/05</u> Daytime Phone # <u>305-948-5048</u>	