


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90208 027 ****50.00

DOCUMENT # L04000087538	
1. Entity Name CONDORRESORT DEVELOPMENT GROUP ONE, LLC	

Principal Place of Business 14341 GLENCAIRN ROAD MIAMI LAKES FL 30016	Mailing Address 14341 GLENCAIRN ROAD MIAMI LAKES FL 30016
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2. Principal Place of Business 10428 E. MIAMI LAKES DR. Suite, Apt. #, etc. MIAMI LAKES FL	3. Mailing Address 10428 E. MIAMI LAKES DRIVE Suite, Apt. #, etc.
City & State MIAMI LAKES FL	City & State MIAMI LAKES FL
Zip 33014	Country DADE

4. FEI Number 202481474	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 AGUIRRE, CAMILO B 14341 GLENCAIRN ROAD MIAMI LAKES FL 30016
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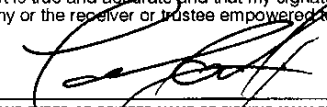
7. Name and Address of New Registered Agent Name CAMILLO B. AGUIRRE Street Address (P.O. Box Number is Not Acceptable) 10428 EAST MIAMI LAKES DRIVE City MIAMI LAKES FL Zip Code 33014

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 5/14/05

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGER THE INNO GROUP, LLC 10428 E. MIAMI LAKES DRIVE MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE 5/14/05 DAYTIME PHONE # 305-824-3353