2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000087917

1. Entity Name
RAPANOS DEVELOPMENT GROUP LLC

Principal Place of Business	Mailing Address
10250 SW 110 ST MIAMI, FL 33176	10250 SW 110 ST MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

02082006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BAUER, CHARLES R
7751 SW 168 ST
MIAMI, FL 33157

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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 and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BAUER, CHARLES R
STREET ADDRESS	7751 SW 168 ST
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	MGRM
NAME	PARSONS, ANTHONY
STREET ADDRESS	10250 SW 110 ST
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	MGRM
NAME	RAPANOS, JOHN
STREET ADDRESS	10281 SW 128 ST
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/06-80024-006 50.00

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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: _____   _____   _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #