

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90031 020 \*\*\*\*50.00

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04232007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000087917</b> 1. Entity Name <b>RAPANOS DEVELOPMENT GROUP LLC</b>					
Principal Place of Business <b>10250 SW 110 ST</b> <b>MIAMI, FL 33176</b>			Mailing Address <b>10250 SW 110 ST</b> <b>MIAMI, FL 33176</b>		
2. Principal Place of Business - No P.O. Box # <b>9730 E Hibiscus St</b> Suite, Apt. #, etc.		3. Mailing Address <b>9730 E Hibiscus St</b> Suite, Apt. #, etc.			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33157</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAUER, CHARLES R</b> <b>7751 SW 168 ST</b> <b>MIAMI, FL 33157</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		<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	<b>MGRM</b> <b>BAUER, CHARLES R</b> <b>7751 SW 168 ST</b> <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PARSONS, ANTHONY</b> <b>10250 SW 110 ST</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>RAPANOS, JOHN</b> <b>10281 SW 128 ST</b> <b>MIAMI, FL 33176</b>	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<div style="display: flex; justify-content: space-between;"> <span>4/16/07</span> <span>786-271-3128</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Daytime Phone #</span> </div>					