

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90118 035 ****50.00

DOCUMENT # L04000089117

1. Entity Name-

DEVELOPERS LINE LLC



Principal Place of Business

2929 S.W. 3RD AVE. # 412
MIAMI FL 33129

Mailing Address

2929 S.W. 3RD AVE. # 412
MIAMI FL 33129



2. Principal Place of Business

168 S.E. 1st Street
Suite, Apt. #, etc. #605
City & State Miami, FL
Zip 33131 Country U.S.A.

3. Mailing Address

168 S.E. 1st Street
Suite, Apt. #, etc. #605
City & State Miami, FL
Zip 33131 Country U.S.A.

1st MOORE

CR2E083 (10/04)

4. FEI Number

05-0612934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELLINI, ESTEBAN C MR.
2929 S.W. 3RD AVE. # 412
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

Mr. ESTEBAN C. Mellini

Street Address (P.O. Box Number is Not Acceptable)

168 S.E. 1st Street

City

Miami

FL

Zip Code

33131

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

3/24/05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MELLINI, ESTEBAN C
STREET ADDRESS 7915 S.W. 53RD PLACE
CITY-ST-ZIP MIAMI FL 33129

TITLE MGRM ☐ Delete
NAME KOENIG, MARCELO F
STREET ADDRESS 1825 PONCE DE LEON # 429
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

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

ESTEBAN C. Mellini 3/24/05 786-210-9222

Date

Daytime Phone #