

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006399

FILED  
Apr 11, 2006  
Secretary of State

**Entity Name:** COMMUNITY DEVELOPMENT CONSULTANTS LLC

**Current Principal Place of Business:**

8484 SW 181 TER  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

8484 SW 181 TER  
PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CELOTTI, VILMA C  
8484 SW 181 TER  
PALMETTO BAY, FL 33157 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CELOTTI, VILMA C  
Address: 8484 SW 181 TER  
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGR ( ) Delete  
Name: PONCE, XIOMARA S  
Address: 750 NW 43 AVE APT 206  
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete  
Name: SOLORZANO, JACQUELINE B  
Address: 750 NW 43 AVE APT 206  
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete  
Name: KOHAN, NOEMI P  
Address: 1915 BRICKELL AVE APT C1210  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CELOTTI, VILMA

MS

04/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date