


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000007046</b> 1. Entity Name <b>SAN MARCO DEVELOPMENT, LLC</b>	
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Principal Place of Business <b>P.O. BOX 491345 KEY BISCAYNE, FL 33149</b>	Mailing Address <b>P.O. BOX 491345 KEY BISCAYNE, FL 33149</b>
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DO NOT WRITE IN THIS SPACE



03012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2426348</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**HERNANDEZ, HECTOR ESQ.  
2850 DOUGLAS ROAD, SUITE 400  
CORAL GABLES, FL 33134**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, ALFONSO P.O. BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSTAMANTE, ERNESTO P.O. BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, ANDRES P.O. BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBACHANO, PABLO P.O. BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCLEMENTE, GUILLERMO P.O. BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLARDO CONVERSIONS CORP. 2850 DOUGLAS ROAD, SUITE 400 CORAL GABLES, FL 33134

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03/20/07-80011-021 50.00

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:**  **3/7/2007** **(786) 356-2322**

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