

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021221

Entity Name: SHAKTI DEVELOPMENT, L.L.C.

FILED  
Jan 04, 2008  
Secretary of State

**Current Principal Place of Business:**

4197 LAUREL RIDGE CIRCLE  
WESTON, FL 33331 US

**New Principal Place of Business:**

**Current Mailing Address:**

4197 LAUREL RIDGE CIRCLE  
WESTON, FL 33331 US

**New Mailing Address:**

FEI Number: 20-2442489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARRERO, JOSE C  
1820 NORTH CORPORATE LAKES BLVD  
SUITE 105  
WESTON, FL 33326 US

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

PIEDRA, AURELIO A  
9100 SOUTH DADELAND BLVD  
STE 912  
MIAMI, FL 33156 US

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: AURELIO A PIEDRA

01/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LE MARESQUIER, NICOLAS  
Address: 4197 LAUREL RIDGE CIRCLE  
City-St-Zip: WESTON, FL 33331 US

Title: MGRM (X) Delete  
Name: LE MARESQUIER, IRMA  
Address: 4197 LAUREL RIDGE CIRCLE  
City-St-Zip: WESTON, FL 33331 US

**ADDITIONS/CHANGES:**

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 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: NICOLAS LE MARESQUIER

MGRM

01/04/2008

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