

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000027871

**FILED**  
**May 01, 2009**  
**Secretary of State****Entity Name:** INDIGO DEVELOPERS LLC**Current Principal Place of Business:**30 CALABRIA AVENUE  
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**30 CALABRIA AVENUE  
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 20-2577090**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FERRIS, VALESKA V  
4957 WINDWARD WAY  
DANIA, FL 33312 US**Name and Address of New Registered Agent:**FERRIS, VALESKA V  
30 CALABRIA AVENUE  
CORAL GABLES, FL 33134 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: VALESKA FERRIS

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** FLAC DEVELOPERS CORP  
**Address:** 4957 WINDWARD WAY  
**City-St-Zip:** DANIA, FL 33312**Title:** MGRM (X) Delete  
**Name:** FERCOR LATIN AMERICA CORP  
**Address:** 4957 WINDWARD WAY  
**City-St-Zip:** DANIA, FL 33312**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** FERRIS, AGENOR MR.  
**Address:** 30 CALABRIA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134**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: AGENOR FERRIS

MGRM

05/01/2009

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