


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90059 005 \*\*\*\*55.00

<b>DOCUMENT # L05000038547</b> 1. Entity Name <b>SQF DEVELOPMENT GROUP, LLC</b>					
Principal Place of Business <b>6311 LEONARDO STREET CORAL GABLES, FL 33146</b>			Mailing Address <b>6311 LEONARDO STREET CORAL GABLES, FL 33146</b>		
2. Principal Place of Business		3. Mailing Address <b>526 Sabal Palm Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Key Biscayne, FL 33149</b>		4. FEI Number <b>20-2896826</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>POSADA, MARIA ISABEL 526 SABAL PALM DRIVE KEY BISCAINE, FL 33149</b>			7. Name and Address of New Registered Agent Name <b>Maria Isabel Salgar</b> Street Address (P.O. Box Number is Not Acceptable) <b>526 Sabal Palm Drive</b> City <b>Key Biscayne</b> <b>FL</b> <b>33149</b>		
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 <u><i>Maria Isabel Salgar</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member <b>Salgar, Maria Isabel</b> <b>526 Sabal Palm Drive</b> <b>Key Biscayne, FL 33149</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member <b>Jaramillo, Hernando</b> <b>526 Sabal Palm Drive</b> <b>Key Biscayne, FL 33149</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Hernando Jaramillo</i></u> <b>Hernando Jaramillo, Manager/Member (786) 512-4603 1/9/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**20000840**

