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Jan 24, 2007 8:00 am
Secretary of State
01-24-2007 90051 035 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000038547

1. Entity Name
SQFT DEVELOPMENT GROUP, LLC

60005540

Principal Place of Business	Mailing Address
6311 LEONARDO STREET CORAL GABLES, FL 33146	526 SABAL PALM DRIVE KEY BISCAYNE, FL 33149

01162007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
526 Sabal Palm Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne, Florida	City & State
Zip: 33149 Country: USA	Zip Country

4. FEI Number: 20-2896826 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POSADA, MARIA ISABEL 526 SABAL PALM DRIVE KEY BISCAYNE, FL 33149	Name: Salgar, Maria Isabel Street Address (P.O. Box Number is Not Acceptable): 526 Sabal Palm Drive City: Key Biscayne FL Zip Code: 33149

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 X M.D. Salgar — Jan. 22, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALGAR, MARIA ISABEL 526 SABAL PALM DRIVE KEY BISCAYNE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JARAMILLO, HERNANDO 526 SABAL PALM DRIVE KEY BISCAYNE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: X M.D. Salgar Maria Isabel Salgar, MGRM 1/16/07 305-962-9094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #