


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 10, 2006 8:00 am
Secretary of State

01-17-2006 90060 014 ****50.00

DOCUMENT # L05000053957 1. Entity Name L'SOLEI DEVELOPMENTS GROUP, LLC					
Principal Place of Business 801 BRICKELL AVE., SUITE 937 MIAMI, FL 33131				Mailing Address 801 BRICKELL AVE., SUITE 937 MIAMI, FL 33131	
2. Principal Place of Business 801 Brickell Avenue		3. Mailing Address 801 Brickell Avenue			
Suite, Apt. #, etc. Suite 930		Suite, Apt. #, etc. Suite 930			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33131		Country U.S.A.		Zip 33131	
Country U.S.A.		Country U.S.A.			
4. FEI Number 22-3914660					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent HABER, ROBERT M ESQ. C/O FREEMAN, HABER, ET AL 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____					
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 renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN G. ARCILA 1100 NE 1st Court Hallandale Beach, FL 33009				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARLOS MANAHO 1100 NE 1st Court Hallandale Beach, FL 33009				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JUAN D. VALICIO 1100 NE 1st Court Hallandale Beach, FL 33009				
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"/> Change <input type="checkbox"/> Addition				
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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01102006 Chg-LLC CR2E083 (11/05)

ATTACHMENT

30000419



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2006

ATTACHMENT

L"SOLEI DEVELOPMENTS GROUP, LLC
801 BRICKELL AVE.
SUITE 930
MIAMI, FL 33131

Subject: L"SOLEI DEVELOPMENTS GROUP, LLC

Reference Number:

L05000053957

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION