2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Secretary of State **DOCUMENT # L05000055201** 01-11-2007 90132 006 ****55.00 LAUDERDALE DEVELOPERS, LLC Principal Place of Business Mailing Address 3195 N. POWERLINE ROAD 3195 N. POWERLINE ROAD **SUITE 112** SUITE 112 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2501 NW 34TH PLACE 2501 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-LLC CR2E083 (12/06) STE Sπ€ City & State Pom PANO BEACH Pompano 4. FEI Number Applied For BEACH, FL **NOT APPLICABLE** Not Applicable Country \$5.00 Additional 33069-5930 5. Certificate of Status Desired USA UŠA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THIRER, MARTIN Street Address (P.O. Box Number is Not Acceptable) 2950 WEST CYPRESS CREEK ROAD SUITE 102 FORT LAUDERDALE, FL 33309 Zip Code F 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 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE 2501 NW 34th PLACE, STE. 32 Change ☐ Addition NAME HAMWAY, JAMES NAME STREET ADDRESS 3195 N. POWERLINE ROAD, SUITE 112 STREET ADDRESS POMPANO BEACH, FL 33069-5930 CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition 2501 NW 34th PLACE, STE. 32 HAMWAY, CAROLE NAME NAME 3195 N. POWERLINE ROAD, SUITE 112 STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33069-5930 CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-7IP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AMES

ID TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jan 11, 2007 8:00 am

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