## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057659

Entity Name: PAPILLON REDEVELOPMENT, L.L.C.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

388 PAYNE DRIVE 901 PONCE DE LEON BLVD. MIAMI SPRINGS, FL 33166 SUITE 505

CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

388 PAYNE DRIVE 901 PONCE DE LEON BLVD.
MIAMI SPRINGS, FL 33166 SUITE 505
CORAL GABLES, FL 33134

FEI Number: 45-2084337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLASKY, MARJORIE E 9400 SOUTH DADELAND BLVD., SUITE 300 MIAMI, FL 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:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

 Title:
 MGRM ( ) Delete

 Name:
 COFFEY, JANIE M

 Address:
 388 PAYNE DRIVE

City-St-Zip: MIAMI SPRINGS, FL 33166

Title: ( ) Delete

Name: Address: City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: COFFEY, JANIE M

Address: 901 PONCE DE LEON BLVD., 505 City-St-Zip: CORAL GABLES, FL 33134

Title: MGM ( ) Change (X) Addition

Name: COFFEY, CLIFTON

Address: 901 PONCE DE LEON BLVD., 505 City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: JANIE COFFEY MGM 04/28/2006