

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057659

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

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

901 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES, FL 33134

New Principal Place of Business:

115 MADEIRA AVE
FIRST FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

901 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES, FL 33134

New Mailing Address:

115 MADEIRA AVE
FIRST FLOOR
CORAL GABLES, FL 33134

FEI Number: 45-2084337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

Title: MGM () Delete
Name: COFFEY, CLIFTON
Address: 901 PONCE DE LEON BLVD., 505
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COFFEY, JANIE M
Address: 115 MADEIRA AVE, FIRST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: MGM (X) Change () Addition
Name: COFFEY, CLIFTON
Address: 115 MADEIRA AVE, FIRST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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

MGMR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date