2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2009
Secretary of State

DOCUMENT# L05000057659

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

Current Principal Place of Business:

115 MADEIRA AVE
FIRST FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

145 MADEIRA AVE
SUITE 206
CORAL GABLES, FL 33134

Current Mailing Address:

115 MADEIRA AVE
FIRST FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

145 MADEIRA AVE
SUITE 206
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:

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

Name and Address of New Registered Agent:

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: 115 MADEIRA AVE, FIRST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COFFEY, JANIE M
Address: 145 MADEIRA AVE, SUITE 206
City-St-Zip: CORAL GABLES, FL 33134

Title: MGM (X) Change ( ) Addition
Name: COFFEY, CLIFTON
Address: 145 MADEIRA AVE, SUITE 206
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 MS. 05/29/2009

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