

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000060168

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** NEXUS DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

3370 NE 190TH STREET  
#1511  
AVENTURA, FL 33180

**New Principal Place of Business:**

3814 NE MIAMI COURT  
MIAMI, FL 33137

**Current Mailing Address:**

3370 NE 190TH STREET  
#1511  
AVENTURA, FL 33180

**New Mailing Address:**

3814 NE MIAMI COURT  
MIAMI, FL 33137

**FEI Number:** 20-3022915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DADE COUNTY CORPORATE AGENTS, INC  
18901 NE 29TH AVENUE  
SUITE 100  
AVENTURA, FL 33180 US

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

CAPITOL CORPORATE SERVICES INC  
1333 N. DUVAL STREET  
TALLAHASSEE, FL 32303 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: DELANIE CASE

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GREEN, JEREMY  
Address: 3370 NE 190TH STREET, #1511  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GREEN, JEREMY  
Address: 2800 ROYAL PALM AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

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: JEREMY GREEN

MGR

04/26/2006

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