

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90031 024 ****50.00

DOCUMENT # L05000071650

1. Entity Name
3917 LEJEUNE ROAD LLC



Principal Place of Business
10250 SW 110TH STREET
MIAMI, FL 33176

Mailing Address
10250 SW 110TH STREET
MIAMI, FL 33176

00000011



2. Principal Place of Business - No P.O. Box #
9730 E Hibiscus St
Suite, Apt. #, etc.

3. Mailing Address
9730 E Hibiscus St
Suite, Apt. #, etc.

04232007 Chg-LLC CR2E083 (12/06)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
61-1490582
Applied For
Not Applicable

Zip
33157
Country
Dade

Zip
33157
Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPANOS DEVELOPMENT GROUP LLC
10250 SW 110 STREET
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name
Rapanos Development Group LLC
Street Address (P.O. Box Number is Not Acceptable)
9730 E Hibiscus St
City
Miami FL Zip Code
33157

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 re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAPANOS DEVELOPMENT GROUP LLC
10250 SW 110TH STREET
MIAMI, FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Rapanos Development Group LLC
9730 E Hibiscus St
Miami, FL 33157 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

Date

Daytime Phone #

4/6/07 786-271-3128