

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079307

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: MIAMI PROPERTY DEVELOPMENT, LLC

## Current Principal Place of Business:

13301 SW 124TH STREET  
MIAMI, FL 33186

## New Principal Place of Business:

10511 N KENDALL DR.  
C-204  
MIAMI, FL 33176

## Current Mailing Address:

10240 SW 133RD STREET  
MIAMI, FL 33176

## New Mailing Address:

10511 N KENDALL DR.  
C-204  
MIAMI, FL 33176

FEI Number: 20-3293257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHEVALLIER, CLIFFORD C  
10240 SW 133RD STREET  
MIAMI, FL 33176 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: MGR ( ) Delete  
Name: CHEVALLIER, CLIFFORD C  
Address: 10240 SW 133RD STREET  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Delete  
Name: TUCKER, BRUCE R  
Address: 17000 N BAY RD, # 1210  
City-St-Zip: SUNNY ISLES, FL 33180

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: TUCKER, BRUCE R  
Address: 4001 S. OCEAN DR., APT 9L  
City-St-Zip: HOLLYWOOD BEACH, FL 33019

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: CLIFFORD C CHEVALLIER

MGR

04/11/2006

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