

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000083185 1. Entity Name LDC MANAGEMENT, LLC	
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Principal Place of Business 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134	Mailing Address 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4463461	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHECHTER, ROSA E ESQ.
550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

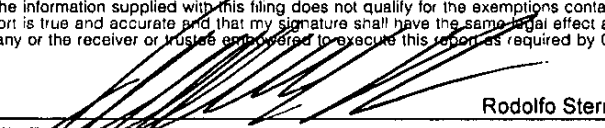
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STERN, RODOLFO 550 BILTMORE WAY SUITE 1110 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERVIANSKY, DAVID 550 BILTMORE WAY SUITE 1110 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORWITZ, ROBERTO 550 BILTMORE WAY SUITE 1110 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERN, EDUARDO 550 BILTMORE WAY SUITE 1110 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKSTEIN, BERNARD 550 BILTMORE WAY SUITE 1110 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000737975
05/11/07-80050-006 50.00

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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:  **Rodolfo Stern** **4/19/07** **(305) 461-2440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #