

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083916

Entity Name: DEVELOPMED, LLC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

7700 NO. KENDALL DR.
SUITE 510
MIAMI, FL 33156 US

Current Mailing Address:

7700 NO. KENDALL DR.
SUITE 510
MIAMI, FL 33156 US

New Principal Place of Business:

9100 SOUTH DADELAND BLVD.
PH #1, SUITE 1701
MIAMI, FL 33156 US

New Mailing Address:

9100 SOUTH DADELAND BLVD.
PH #1, SUITE 1701
MIAMI, FL 33156 US

FEI Number: 90-0273035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PH #1, SUITE 1701
9100 SOUTH DADELAND BLVD.
MIAMI, FL 33156 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: CHILSON, LARRY
Address: 14830 SW 167TH ST
City-St-Zip: MIAMI, FL 33187

Title: MGR () Delete
Name: ARROYAVE, CALI V
Address: 6770 SW 124TH ST
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: ARROYAVE, AARON J
Address: 901 BRICKELL KEY BLVD., #1404
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

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

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

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: CALI. V. ARROYAVE

MGR

04/17/2008

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