

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000083958

1. Entity Name
LA DEVELOPERS, LLC



Principal Place of Business
1199 HILLSBORO MILE UNIT 129
HILLSBORO BEACH, FL 33062

Mailing Address
1199 HILLSBORO MILE UNIT 129
HILLSBORO BEACH, FL 33062

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3546879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIFKA, MARWAN
1199 HILLSBORO MILE UNIT 129
HILLSBORO BEACH, FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME GLOBAL ASSET MANAGEMENT, LLC
STREET ADDRESS PO BOX 158
CITY-SI-ZIP GRANDVILLE, MI 494680158

Delete

TITLE MGRM
NAME GAM-LA Developers, LLC
STREET ADDRESS PO Box 158
CITY-SI-ZIP Grandville, MI 49468-0158

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

Delete

TITLE MGR
NAME PATRICK V Hundley
STREET ADDRESS PO Box 158
CITY-SI-ZIP Grandville, MI 49468-0158

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-SI-ZIP

Change Addition

TITLE
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CITY-SI-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-SI-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

3-31-08 616-534-8100

Date

Daytime Phone #