2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L05000083958

Entity Name: LA DEVELOPERS, LLC

Current Principal Place of Business:

1199 HILLSBORO MILE UNIT 129
HILLSBORO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1199 HILLSBORO MILE UNIT 129
HILLSBORO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-3546879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIFKA, MARWAN
1199 HILLSBORO MILE UNIT 129
HILLSBORO BEACH, FL 33062 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: MGRM ( ) Delete
Name: GAM-LA DEVELOPERS,LL, C
Address: POB 158
City-St-Zip: GRANDVILLE, MI 494680158

Title: MGR ( ) Delete
Name: HUNDLEY, PATRICK V
Address: POB 158
City-St-Zip: GRANDVILLE, MI 494680158

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BYKER, DAVID G
Address: POB 158
City-St-Zip: GRANDVILLE, MI 494680158

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

Title: MGR ( ) Change (X) Addition
Name: PHAIR, PATRICK I
Address: POB 158
City-St-Zip: GRANDVILLE, MI 494680158

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: LARRY J SEARS ASST 03/12/2009

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