


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90061 014 ****50.00

| | | | | | |
|--|--------------------------------------|--|---|--|--|
| DOCUMENT # L05000093457 1. Entity Name 83RD STREET DEVELOPMENT LLC | | | |  | |
| Principal Place of Business 450 NE 27TH STREET MIAMI, FL 33126 | | | Mailing Address 1521 ALTON ROAD SUITE 441 MIAMI BEACH, FL 33139 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03152006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CHRISTO, JEFFREY P 1521 ALTON ROAD SUITE 441 MIAMI BEACH, FL 33139 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | <div style="text-align: right;">FL</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MIAMI INTERNATIONAL DEVELOPERS LLC | | NAME | | |
| STREET ADDRESS | 1521 ALTON ROAD, SUITE 441 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | REID, PETER | | NAME | | |
| STREET ADDRESS | 18151 NE 31 COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | AVENTURA, FL 33160 | | CITY-ST-ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROSS, DUNCAN | | NAME | | |
| STREET ADDRESS | 18151 NE 31 COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | AVENTURA, FL 33160 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 4/27/06 305-692-1670 <small>Date Daytime Phone #</small> | | |