

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103776

Entity Name: DEM DEVELOPERS, LLC

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

3000 NE 30TH PLACE
SUITE 307
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

3000 NE 30TH PLACE
SUITE 307
FORT LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 20-3661828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORTIZ, ALEX
354 SEVILLA AVE
CORAL GABLES, FL 33134 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: DI CHIARA, MAURICIO
Address: 3000 NE 30 PLACE, STE 307
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: MGRM () Delete
Name: DI CHIARA, ESTEBAN
Address: 3000 NE 30 PLACE, STE 307
City-St-Zip: FORT LAUDERDALE, FL 33306

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

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: LODY INVESTMENTS, IN, C.
Address: 3000 NE 30 PLACE, STE 307
City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby certify that the information supplied with this filing does not qualify for the 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: MAURICIO DI CHIARA

MGRM

04/16/2007

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