

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108267

FILED  
Sep 16, 2008  
Secretary of State

Entity Name: SAN JUAN DEVELOPERS, LLC

**Current Principal Place of Business:**

18455 MIRAMAR PKWAY, #158  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18455 MIRAMAR PKWAY, #158  
MIRAMAR, FL 33029

**New Mailing Address:**

FEI Number: 20-3760245      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALVAREZ, JUAN F  
18455 MIRAMAR PKWAY, #158  
MIRAMAR, FL 33029      US

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: SANTACRUZ, SANDRA  
Address: 18455 MIRAMAR PKWAY, #158  
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM ( ) Delete  
Name: ALVAREZ, JUAN F  
Address: 18455 MIRAMAR PKWAY, #158  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES:**

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: SANDRA SANTACRUZ

MGRM

09/16/2008

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