

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115175

FILED
May 01, 2008
Secretary of State

Entity Name: QUATTRO DEVELOPERS, LLC

Current Principal Place of Business:

1250 103 STREET
MIAMI, FL 33154 US

New Principal Place of Business:

1 HARBOUR WAY
107
BAL HARBOUR, FL 33154 US

Current Mailing Address:

1250 103 STREET
MIAMI, FL 33154 US

New Mailing Address:

1 HARBOUR WAY
107
BAL HARBOUR, FL 33154 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

ALLEN, PERL
1250 103 ST
MIAMI, FL FL US

Name and Address of New Registered Agent:

ALLEN, PERL
1 HARBOUR WAY
107
BAL HARBOUR, FL 33154 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: ALLEN PERL

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PERL, ANDREA
Address: 1250 103 ST
City-St-Zip: MIAMI, FL 33154 US

Title: VST () Delete
Name: PERL, ALLEN
Address: 1250 103 ST
City-St-Zip: MIAMI, FL 33154 US

ADDITIONS/CHANGES:

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

Title: VST (X) Change () Addition
Name: PERL, ALLEN
Address: 1 HARBOUR WAY #107
City-St-Zip: BAL HARBOUR, FL 33154 US

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: ALLEN PERL

VST

05/01/2008

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