

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000116834

Entity Name: WILTON DEVELOPMENT, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

2853 EXECUTIVE PARK DRIVE
SUITE 104
WESTON, FL 33331

Current Mailing Address:

644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-3924504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDEN, E. SCOTT
644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE, FL 33301 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: MGR () Delete
Name: HBC USA LLC,
Address: 4422 FOXTAIL LANE
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: DE LIMA, FELIPE
Address: 4422 FOXTAIL LANE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERNANDEZ BOHMER, PABLO
Address: 2853 EXECUTIVE PARK DRIVE, SUITE 104
City-St-Zip: WESTON, FL 33331

Title: MGR (X) Change () Addition
Name: DE LIMA, FELIPE
Address: 2853 EXECUTIVE PARK DRIVE, SUITE 104
City-St-Zip: WESTON, FL 33331

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: PABLO HERNANDEZ BOHMER

MGR

04/30/2008

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