2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009157

Entity Name: GUITELMAN DEVELOPERS, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
2020 N.E. 203RD STREET MIAMI, FL 33179	

Current Mailing Address:	**New Mailing Address:**
2020 N.E. 203RD STREET MIAMI, FL 33179	

FEI Number: 20-4176003   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GUITELMAN, ADOLFO 2020 N.E. 203RD STREET MIAMI, FL 33179 US	A.R.S. AND ASSOCIATES INC 20810 WEST DIXIE HIGHWAY NMB, FL 33180 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: STUART SOCOL   04/27/2009

                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR (X) Delete	Title:	( ) Change ( ) Addition
Name:	GUITELMAN, ADOLFO	Name:	
Address:	2020 N.E. 203RD STREET	Address:	
City-St-Zip:	MIAMI, FL 33179	City-St-Zip:	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	GUITELMAN, NESTOR	Name:	
Address:	2020 N.E. 203RD STREET	Address:	
City-St-Zip:	MIAMI, FL 33179	City-St-Zip:	
Title:	MGR (X) Delete	Title:	( ) Change ( ) Addition
Name:	GUITELMAN, ADOLFO	Name:	
Address:	2020 N.E. 203RD STREET	Address:	
City-St-Zip:	MIAMI, FL 33179	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: NESTOR GUITELMAN   MGR   04/27/2009

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