

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000009665

**FILED**  
**Mar 27, 2008**  
**Secretary of State**

**Entity Name:** LAS PALMAS II DEVELOPMENT, LLC.

**Current Principal Place of Business:**

2950 S.W. 27TH AVENUE, SUITE 200  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2950 S.W. 27TH AVENUE, SUITE 200  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 20-4203212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDONOUGH, BRIAN J  
150 WEST FLAGLER STREET, 2200 MUSEUM TOWER  
MIAMI, FL 33130 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: BOGGIO, LLOYN J  
Address: 2950 SW 27 AVE #200  
City-St-Zip: MIAMI, FL 33133

Title: MGRM (X) Delete  
Name: THE SAGRA LLC,  
Address: 2400 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CDG, LLC,  
Address: 2950 SW 27 AVE #200  
City-St-Zip: MIAMI, FL 33133

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:** MATTHEW S. GREER

MGRM

03/27/2008

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