

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90023 047 ***138.75

DOCUMENT # L06000030675

1. Entity Name
**LANDSTAR DEVELOPMENT GROUP CENTRAL FLORIDA
ACQUISITIONS, LLC**



Principal Place of Business
**550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134**

Mailing Address
**550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134**

00001000



01162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4639795

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ECKSTEIN SCHECHTER, ROSA ESQ.
550 BILTMORE WAY
SUITE 1110
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STERN, RODOLFO
550 BILTMORE WAY STE 1110
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SERVINSKY, DAVID
550 BILTMORE WAY STE 1110
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
STERN, EDUARDO
550 BILTMORE WAY STE 1110
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HOROWITZ, ROBERTO
550 BILTMORE WAY STE 1110
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ECKSTEIN, BERNARD
550 BILTMORE WAY STE 1110
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Rodolfo Stern 4-22-08

(305) 461-2440