

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90133 006 ****50.00

DOCUMENT # L06000070861



1. Entity Name
 13700 DEVELOPERS, LLC

Principal Place of Business
 12000 BISCAYNE BOULEVARD
 SUITE 409
 MIAMI, FL 33191

Mailing Address
 12000 BISCAYNE BOULEVARD
 SUITE 409
 MIAMI, FL 33191

60004601



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01112007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 20-5231857

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURSTYN, DAVID
 12000 BISCAYNE BOULEVARD
 SUITE 409
 MIAMI, FL 33181

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BURSTYN PROPERTIES, INC.	
STREET ADDRESS	12000 BISCAYNE BOULEVARD, SUITE 409	
CITY-ST-ZIP	MIAMI, FL 33191	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] **DATE:** 1/15/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE