

# 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)

4. FEI Number  
**20-5231857**

Applied For  
Not Applicable

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

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

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

(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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BURSTYN PROPERTIES, INC.  
12000 BISCAYNE BOULEVARD, SUITE 409  
MIAMI, FL 33191 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #