


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000106386 1. Entity Name AGUIAR GIL & VENTURA DEVELOPMENT, LLC	
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Principal Place of Business 6500 COWPEN ROAD 202 MIAMI LAKES, FL 33016	Mailing Address 6500 COWPEN ROAD 202 MIAMI LAKES, FL 33016
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-LLC

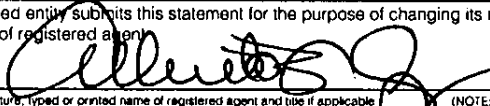
CR2E083 (12/07)

4. FEI Number 20-8241715	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AGUIAR, ALBERTO M 6500 COWPEN ROAD 202 MIAMI LAKES, FL 33014
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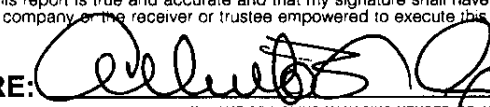
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: 4/18/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U00000921218 05/14/08-80072-024 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUIAR, ALBERTO M 6500 COWPEN ROAD, #202 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIL, GEORGE R 6500 COWPEN ROAD, #202 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENTURA, NILO JR 6500 COWPEN RD SUITE 202 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: 4/18/08 DAYTIME PHONE #: 305-558-8964