

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006653

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** RELATED DEVELOPMENT COMPANY, LLC

**Current Principal Place of Business:**

C/O THE RELATED GROUP  
315 S. BISCAYNE BLVD, 3RD FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

THE RELATED GROUP  
315 S. BISCAYNE BLVD, 3RD FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

THE RELATED GROUP  
315 S. BISCAYNE BLVD, 3RD FLOOR  
MIAMI, FL 33131

FEI Number: 65-0372462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: MGRM ( ) Delete  
Name: THE RELATED GROUP OF, FLORIDA  
Address: 2828 CORAL WAY PH  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THE RELATED GROUP OF, FLORIDA  
Address: 315 S. BISCAYNE BLVD, 3RD FLOOR  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGEL HERNANDEZ

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04/18/2007

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