


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008565 1. Entity Name ROYAL EXPLORER DEVELOPMENT, L.L.C.	
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Principal Place of Business 4850 S.W. 72ND AVENUE MIAMI, FL 33155	Mailing Address 4850 S.W. 72ND AVENUE MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0965673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CERVANTES, PATRICIO 4850 S.W. 72ND AVENUE MIAMI, FL 33155
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000068853
02/27/04-80050-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CERVANTES, PATRICIO 4850 S.W. 72ND AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KREUTZBERGER, PATRICIO 4850 S.W. 72ND AVENUE MIAMI, FL 33155
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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 exemption stated in Section 119.07(3)(f), 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: Manoel Soares 2/24/04 305661-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #