

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000008565**

1. Entity Name  
**ROYAL EXPLORER DEVELOPMENT, L.L.C.**



Principal Place of Business  
**4850 S.W. 72ND AVENUE  
MIAMI, FL 33155**

Mailing Address  
**4850 S.W. 72ND AVENUE  
MIAMI, FL 33155**



**DO NOT WRITE IN THIS SPACE**

03102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-0965673**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CERVANTES, PATRICIO  
4850 S.W. 72ND AVENUE  
MIAMI, FL 33155**

**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 \_\_\_\_\_

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	CERVANTES, PATRICIO
STREET ADDRESS	4850 S.W. 72ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGR
NAME	KREUTZBERGER, PATRICIO
STREET ADDRESS	4850 S.W. 72ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000263621  
03/14/05-80104-003 50.00

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3-11-05 3056611569**