## **2008 LIMITED LIABILITY COMPANY**

## Jan 14, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L99000008565** 01-14-2008 90050 012 \*\*\*138.75 ROYAL EXPLORER DEVELOPMENT, L.L.C. Mailing Address Principal Place of Business 4850 S.W. 72ND AVENUE 4850 S.W. 72ND AVENUE MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business - No P.O. Box # 9840 SW 77th AVE Mailing Address 3. Mailing Address 9840 SW 77th AVE. Suite, Apt. #, etc Suite, Apt. #, etc. 01082008 Chg-LLC CR2E083 (12/06) 301 301 City & State City & State 4. FEI Number Applied For Miami, FL Milami, FL 65-0965673 Not Applicable 3315Q Country Country \$5.00 Additional 5. Certificate of Status Desired USA USA 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name cervantes, Patricio CERVANTES, PATRICIO ddress (P.O. Box Number is Not Acceptable) と行う SVU ココーカー キャン 4850 S.W. 72ND AVENUE MIAMI, FL 33155 suite 301 Zip Code 3315 LO FL MIGINI prose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the p the obligations itle if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! <FEE 15 \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Change MGR Delete TITLE Addition TITLE cervantes, Patricio CERVANTES, PATRICIO NAME NAME 9840 SNI 77Th Ave, #301 STREET ADDRESS 4850 S.W. 72ND AVENUE STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP MIAMI, FL 331SLE CITY-ST-7IP Delete Change MGR MGR ☐ Addition TITLE TITLE Kreutzberger, Patrilio KREUTZBERGER, PATRICIO NAME NAME 9840 SM 77th AVE, #301 4850 S.W. 72ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33155 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Date

Daytime Phone #

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

limited liability company or

FILED