

JAN-16-2004 13:52

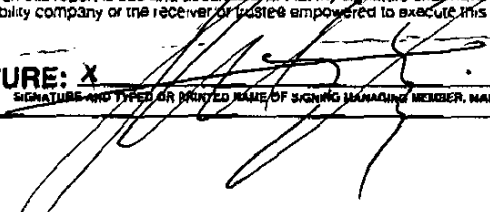
FROM-

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90061 021 ***150.00

DOCUMENT # L99000008846					
1. Entry Name EXPLORER DEVELOPMENT, L.L.C.					
Principal Place of Business 1221 BRICKELL AVENUE, STE 1590 MIAMI, FL 33131			Mailing Address 1221 BRICKELL AVENUE, STE 1590 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0963803	
				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent OVIES, IDA 2307 S DOUGLAS RD STE 1690 MIAMI, FL 33145				6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent				01162004 Chg-LLC CR2E083 (10/03)	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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 who is applicable (NOTE: Registered Agent signature required when changing)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREUTZBERGER, PATRICIO 1221 BRICKELL AVENUE, STE 1590 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			4/27/04 (301) 373-2022		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		