


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
5 Jun 20, 2006 8:00 am
Secretary of State

05-09-2006 90012 037 ****50.00

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|--|--|---------------------------------|---|---|---|----|----------|
| DOCUMENT # L05000073319 | | | |  | | | |
| 1. Entity Name 14573 MIAMI DEVELOPMENT, LLC | | | | | | | |
| Principal Place of Business 842 N.W. 98TH AVENUE PLANTATION, FL 33324 | | | Mailing Address 842 N.W. 98TH AVENUE PLANTATION, FL 33324 | | | | |
| 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 <u>E 1W</u> <u>20-5030133</u> | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| CORPORATION COMPANY OF MIAMI 200 E. BROWARD BOULEVARD SUITE 2100 FORT LAUDERDALE, FL 33301 | | | 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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____ | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM VARON, ELI 842 N.W. 98TH AVENUE PLANTATION, FL 33301 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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. | | | | | | | |
| SIGNATURE: <u>El Varon</u> <u>5/1/06</u> | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____ | | | | | | | |