

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047539

Entity Name: PATAGONIA DEVELOPMENT LLC

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

5401 TAYLOR RD.
SUITE \$ 4
NAPLES, FL 34109 US

Current Mailing Address:

5401 TAYLOR RD.
SUITE # 4
NAPLES, FL 34109 US

New Principal Place of Business:

5401 TAYLOR RD.
SUITE # 4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 35-2220166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAAD, GABRIELA
14902 TYBEE ISLAND DR.
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

SAAD, GABRIELA
5401 TAYLOR RD.
SUITE # 4
NAPLES, FL 34109 US

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.

SIGNATURE: GABRIELA SAAD

01/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAAD, RAUL
Address: 14902 TYBEE ISLAND DR.
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM () Delete
Name: SAAD, GABRIELA
Address: 14902 TYBEE ISLAND DR.
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAAD, RAUL
Address: 5401 TAYLOR RD.
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM (X) Change () Addition
Name: SAAD, GABRIELA
Address: 5401 TAYLOR RD.
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIELA SAAD

MGRM

01/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date