2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000030403** 05-02-2005 90375 001 ****50.00 CAB DEVELOPMENT LLC Principal Place of Business Mailing Address 139388 EGRET TOWER DRIVE 139388 EGRET TOWER DRIVE ORLANDO, FL 32837 ORLANDO, FL 32837 2. Principal Place of Business 3. Mailing Address 950 Celebration Blvd. 950 Celebration Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 Chg-LLC CR2E083 (10/03) Suite A <u>Suite A</u> City & State 4. FEI Number Applied For City & State 20-1456070 Not Applicable Celebration, Celebration, Zip 34747 Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 34747 _6._Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGENTS AND CORPORATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 773 4TH AVENUE NORTH, SUITE E NAPLES, FL 34102 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE MGRM ☐ Change X Addition NAME NAME Christopher Barrett STREET ADDRESS STREET ADDRESS 950 Celebration Blvd., Suite A CITY-ST-ZIP CITY-ST-ZIP Celebration, FL 34747 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE - Detete -TITLE □ Change __ __ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition 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 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 AND TYPED OR PRINTED NAME OF SIGNING WANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #