

**FILED**  
**Jun 14, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90050 020 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

30009414



<b>DOCUMENT # L04000064885</b>			
1. Entity Name <b>INVERNESS DEVELOPMENT, LLC</b>			
Principal Place of Business <b>79 RUE CARUBE DESTIN, FL 32550 US</b>		Mailing Address <b>10850 EMERALD COAST PARKWAY PMB 345 DESTIN, FL 32550 US</b>	
2. Principal Place of Business <b>10065 Emerald Coast Pkwy</b>		3. Mailing Address <b>10065 Emerald Coast Pkwy</b>	
Suite, Apt. #, etc. <b>Suite A-101</b>		Suite, Apt. #, etc. <b>Suite A-101</b>	
City & State <b>Destin, FL</b>		City & State <b>Destin, FL</b>	
Zip <b>32550</b>	Country <b>US</b>	Zip <b>32550</b>	Country <b>US</b>
4. FEI Number <b>77-0645645</b>		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 <b>DOWD, JOHN R JR. 285 HIGHWAY 98 EAST A DESTIN, FL 32541</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGUIRE, RAYMOND L 10850 EMERALD COAST PARKWAY, PMB 345 DESTIN, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>10850 EMERALD COAST PARKWAY, FL</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, THEODORE L 1006 SCENIC GULF DRIVE #911 DESTIN, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jeanne Carter 10065 Emerald Coast Parkway, STE A-101 Destin, FL 32550 <input type="checkbox"/> Change <input checked="" 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
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
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 exemption stated in Section 119.07(2)(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: <i>John R. Dowd</i>		Date: 4-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

850-650-6770