


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000073742 1. Entity Name F DEVELOPMENT LLC	
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Principal Place of Business 2189 WEST 60 STREET SUITE 205 HIALEAH FL 33016	Mailing Address 2189 WEST 60 STREET SUITE 205 HIALEAH FL 33016
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E083 (10/05)

4. FEI Number 59-3785839	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
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6. Name and Address of Current Registered Agent
FANO, JOSE E 2189 WEST 60 STREET SUITE 205 HIALEAH FL 33016

7. Name and Address of New Registered Agent
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
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGRM	
NAME	FANO, TANIA	<input type="checkbox"/>
STREET ADDRESS	2189 WEST 60 STREET SUITE 205	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	MGRM	<input type="checkbox"/>
NAME	FANO, JOSE E	
STREET ADDRESS	2189 WEST 60 STREET SUITE 205	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	000000414158		
NAME	02/11/06-80027-006 55.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1/27/06 (305) 556-4707