

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007553

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: FLORIDA DEVELOPMENT COMPANY, LLC

**Current Principal Place of Business:**

471 ALAMANDA DR  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

471 ALAMANDA DR  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHLAEN, MARINA L  
471 ALAMANDA DRIVE  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHLAEN, MARINA L  
Address: 471 ALAMANDA DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: MGR (X) Delete  
Name: BERKOVICH, ANGELA  
Address: 1348 E. HILLSBORO BLVD.  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGR (X) Delete  
Name: VINOGRADOV, YURY  
Address: 2334 NATIONAL DRIVE  
City-St-Zip: BROOKLYN, NY 11234

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: M SHLAEN

MM

04/22/2008

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