

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 05, 2007
Secretary of State**

DOCUMENT# L05000054346

Entity Name: EZT DEVELOPMENT LLC

Current Principal Place of Business:

15135 ARBOR HOLLOW DRIVE
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

15135 ARBOR HOLLOW DRIVE
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 20-2986397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TESTILER, EREZ
15135 ARBOR HOLLOW DRIVE
ODESSA, FL 33556 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: MGRM () Delete
Name: TESTILER, EREZ
Address: 15135 ARBOR HOLLOW DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM () Delete
Name: TESTILER, ISRAEL A
Address: 15135 ARBOR HOLLOW DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: TESTILER, EYTAN
Address: 15135 ARBOR HOLLOW DRIVE
City-St-Zip: ODESSA, FL 33556 US

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: ISRAEL TESTILER

MGRM

07/05/2007

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