

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087308

Entity Name: T & L DEVELOPMENT, LLC

FILED  
Feb 22, 2006  
Secretary of State

**Current Principal Place of Business:**

6863 PROCTOR ROAD  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

13475 MIDDLEFIELD ROAD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

6863 PROCTOR ROAD  
TALLAHASSEE, FL 32309

**New Mailing Address:**

13475 MIDDLEFIELD ROAD  
TALLAHASSEE, FL 32309

FEI Number: 13-4311337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FL 32309 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: LARSON, THOMAS M  
Address: 13475 MIDDLEFIELD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM ( ) Delete  
Name: THOMPSON, JAMES L  
Address: 13475 MIDDLEFIELD  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

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 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: JAMES L. THOMPSON

MGRM

02/22/2006

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