

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000000568

1. Entity Name
THE DEVELOPERS GROUP, LLC



Principal Place of Business

1819 MAIN STREET
SUITE 200
SARASOTA, FL 34236

Mailing Address

1819 MAIN STREET
SUITE 200
SARASOTA, FL 34236



02102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3634083

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, CHRISTINE
1819 MAIN STREET
SUITE 200
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

U00000432298
11/23/06-80062-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRP
CLABAUGH, JAMES
1819 MAIN STREET, STE 200
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
GIBSON, CHRISTINE
1819 MAIN STREET, STE 200
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VS
MCCULLOUGH, PAMELA
1819 MAIN STREET, STE 200
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
FULLERTON, ROBERT
1819 MAIN STREET, STE 200
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02/10/2006 941-366-2414

Date

Daytime Phone #