
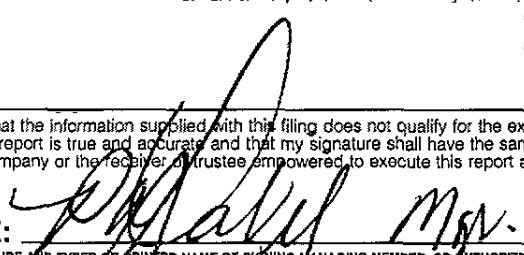


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000003615		
1. Entity Name RESIDEV, LLC		
Principal Place of Business 997 W. KENNEDY BLVD., SUITE A25 ORLANDO, FL 32810	Mailing Address 997 W. KENNEDY BLVD., SUITE A25 ORLANDO, FL 32810	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAVELLE, PATRICIA 997 W. KENNEDY BLVD., SUITE A25 ORLANDO, FL 32810		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$50.00 Due by May 1, 2006		01042006No Chg-LLC CR2E083 (11/05)
9. MANAGING MEMBERS/MANAGERS		4. FEI Number 27-8442887
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAVELLE, PATRICIA 997 W. KENNEDY BLVD. A25 ORLANDO, FL 32810	Applied For Not Applicable
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  MGR.		Date 1/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 407 660-9542