


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90075 032 \*\*\*\*50.00

DOCUMENT # L00000008213		
1. Entity Name GB DEVELOPMENT, LLC		

Principal Place of Business 5557 BOWLINE BEND NEW PORT RICHEY, FL 34652	Mailing Address 5557 BOWLINE BEND NEW PORT RICHEY, FL 34652
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2. Principal Place of Business 2435 US 19 Ste 600 Suite, Apt. #, etc.	3. Mailing Address 2435 US 19, Ste 600 Suite, Apt. #, etc.
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City & State Holiday, FL Zip 34691	Country Pasco	City & State Holiday, FL Zip 34691	Country Pasco
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6. Name and Address of Current Registered Agent KHAN, HAIDER 5557 BOWLINE BEND NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2435 US 19, Ste 600 City Holiday FL Zip Code 34691	
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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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>3/27/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KHAN, HAIDER 5557 BOWLINE BEND NEW PORT, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2435 US 19, Ste 600 Holiday, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>3/27/06</u> DAYTIME PHONE # <u>727-868-8373</u>