

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009282

FILED
Aug 27, 2004
Secretary of State

Entity Name: CHURCHILL DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

750 S. OCEAN BOULEVARD
BOCA RATON, FL 33432

New Principal Place of Business:

750 S. OCEAN BOULEVARD
17-N
BOCA RATON, FL 33432

Current Mailing Address:

C/O NATIONAL DEVELOPMENT COMPANY
340 MANSFIELD AVENUE
PITTSBURGH, PA 15220

New Mailing Address:

750 S. OCEAN BOULEVARD
17-N
BOCA RATON, FL 33432

FEI Number: 65-1023846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, IVAN
750 S OCEAN BOULEVARD APT 17 NORTH
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

KAPLAN, IVAN
750 S OCEAN BOULEVARD
17-N
BOCA RATON, FL 33432 US

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:

08/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KAPLAN, IVAN
Address: 750 S. OCEAN BOULEVARD
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM (X) Delete
Name: HAND, GREGORY A
Address: 340 MANSFIELD AVENUE
City-St-Zip: PITTSBURGH, PA 15220

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 Section 119.07(3)(i), 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: IVAN KAPLAN

MGRM

08/27/2004

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