

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000015018**

1. Entity Name  
**PRINCE DEVELOPMENT LLC**



Principal Place of Business  
**P.O. BOX 87  
WEST PALM BEACH, FL 33402**

Mailing Address  
**P.O. BOX 87  
WEST PALM BEACH, FL 33402**



04122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1059071**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**EDOUARD, JOSEPH  
13311-A SW 88 TERRACE  
MIAMI, FL 33186**

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	JOSEPH, EDOUARD
STREET ADDRESS	13311-A 88 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGR
NAME	BERNARD, SHERI
STREET ADDRESS	13311-A 88 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM
NAME	LYON, CHRISTOPHER
STREET ADDRESS	P.O. BOX 87
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000304627  
04/14/05-80050-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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

**4-10-05**

Date

**305-725-0285**

Daytime Phone #