2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015977

1. Entity Name
THE DEVELOPMENT CENTER, LLC



Principal Place of Business

2100 CONSTITUTION BLVD., STE. 115 SARASOTA, FL 34231-4146

Mailing Address

9230 BLIND PASS ROAD SARASOTA, FL 34230

FILED Apr 28, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 52-2284118

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, JOANNE 2100 CONSTITUTION BLVD., STE. 115 SARASOTA, FL 34231-4146

DO NOT WRITE IN THIS SPACE

0A10001	A, I L 34201-4140	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of chan tions of registered agent.	I ging its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title d applicable	(NOTE Registered Agent signature required when reinstating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004	U00000136440 04/28/04-80090-023 50.00
9. Title NAME STREET ADDRESS CITY+ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM DR HOLDING, LLC, 2100 CONSTITUTION BLVD., STE. 115 SARASOTA, FL 342314146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
ITLE NAME STREET ADDRESS		

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ___

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

4-21-04 941-724-033

Daytime Phone #