


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000003302 1. Entity Name ALBANESE-POPKIN DEVELOPMENT GROUP, LLC	
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Principal Place of Business 1200 S ROGERS CIR. STE 11 BOCA RATON, FL 33487	Mailing Address 1200 S ROGERS CIR. STE 11 BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1098940	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ALBANESE, LEONARD 1200 S. ROGERS CIR., #11 BOCA RATON, FL 33487
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**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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBANESE, LEONARD 1200 S ROGERS CIR. #11 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POPKIN, EDWARD 5355 TOWNCENTER RD, STE 801 BOCA RATON, FL 33486
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04/18/07-80071-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

 *Member*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/07 561-994-1375