

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000003537

1. Entity Name  
CORAZON DEVELOPMENT, LLC



Principal Place of Business

3340 TAMAMI TRAIL  
PORT CHARLOTTE, FL 33952 US

Mailing Address

P.O. BOX 495120  
PORT CHARLOTTE, FL 33949-5120 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CONNELLY, TERENCE P MD  
3340 TAMAMI TRAIL  
PORT CHARLOTTE, FL 33952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

01302006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1080437	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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, 2006

Make check payable to  
(Florida Department of State)

ADDITIONS/CHANGES

Change  Addition

9. MANAGING MEMBERS / MANAGERS

Delete

TITLE P  
NAME CONNELLY, TERENCE  
STREET ADDRESS 3340 TAMAMI TRAIL  
CITY-ST-ZIP PORT CHARLOTTE, FL 33950

10.  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME LOPEZ, MARIO  
STREET ADDRESS 3340 TAMAMI TRAIL  
CITY-ST-ZIP PORT CHARLOTTE, FL 33950

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

2-306

SIGNATURE:

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

Date

Daytime Phone #