

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000007152

Entity Name  
LJR DEVELOPMENT, LLC



**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
3399 PGA BLVD., SUITE 260  
C/O LOST TREE VILLAGE CORPORATION  
PALM BEACH GARDENS, FL 33410

Mailing Address  
3399 PGA BLVD., SUITE 260  
C/O LOST TREE VILLAGE CORPORATION  
PALM BEACH GARDENS, FL 33410



02172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1106307

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

CROSBY, SHEILA B  
3399 PGA BLVD., SUITE 260  
PALM BEACH GARDENS, FL 33410

**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 this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CROSBY, SHEILA B  
STREET ADDRESS 3399 PGA BLVD, STE 260  
CITY-ST-ZIP WEST PALM BEACH, FL 33410

TITLE TD  
NAME BAYER, CHARLES M JR  
STREET ADDRESS 3399 PGA BLVD, STE 260  
CITY-ST-ZIP WEST PALM BEACH, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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03/16/06 80052-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the 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: \_\_\_\_\_

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

2/20/06

Date

Daytime Phone #

(561)  
626-9711