

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000009507

1. Entity Name
633 LAND DEVELOPMENT, LLC



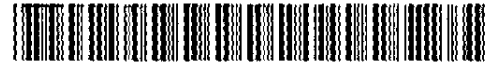
Principal Place of Business

**4933 N. TAMiami TRAIL
#300
NAPLES, FL 34103**

Mailing Address

**4933 N. TAMiami TRAIL
#300
NAPLES, FL 34103**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1149798

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STOFFT, RANDALL E
42 N SWINTON AVE, STE 1
DELRAY BEACH, FL 33444**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STOFFT, RANDALL E
STREET ADDRESS	42 NORTH SWINTON AVE., STE. 1
CITY- ST- ZIP	DELRAY BEACH, FL 33444

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

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02/24/06 80022-020 55.00

**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

M.M.

02-08-06 (237)643-2900

Date

Daytime Phone #