2005 LÍMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State	
1. Entity Nam	MENT # L01000096 EVELOPMENT TEAM, L.L.C	ARTON		Secretary of State	
Principal Place of Business 1717 INDIAN RIVER BLVD. SUITE 202A VERO BEACH, FL 32960		Mailing Address 1717 Indian River Blvd. Suite 202a Vero Beach, Fl. 32960	,		
~				03072005No Chg-LLC CR2E083 (10/03)	
DO NOT WRITE IN THIS			CE	4. FEI Number Applied For 59-7220224 Not Applicable 5. Certificate of Status Desired Status Desired Fee Required	
	6. Name and Address of Current R	egistered Agent			
979 BEAC VERO BEA	AMUEL A A HLAND BLVD. ACH, FL 32963			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) IT DATE					
Filing Fee is \$50.00 Due by May 1, 2005					
9.	MANAGING MEMBER	S/MANAGERS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTH, PHILLIP H III 1717 INDIAN RIVER BLVD., S.202 VERO BEACH, FL 32960	2A		V00000331978 04/26/05-80038-006 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04/2p/03-80038-006 50.00	
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					
TITLE NAME			· · · · · · · ·		

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 federac provides empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY+ST-ZIP

SIGNATURE:

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

4/2/05 (172)778-3072

Daytime Phone #