

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90044 013 ****50.00

DOCUMENT # L01000012375	
1. Entity Name DUNE DEVELOPMENT, LLC	

Principal Place of Business 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614	Mailing Address 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614
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2. Principal Place of Business	3. Mailing Address PO BOX 3179
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State HOMOSASSA SPRNGS, FL
Zip	Country
Country	Zip 34447
	Country CITRUS



01312006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
COCCHI, JAMES V 18200 SEVILLE CLUB HOUSE DRIVE BROOKSVILLE, FL 34614	

4. FEI Number 59-3734632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 _____ (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

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR NAME NEW SEVILLE HOLDING CORP. STREET ADDRESS 18200 SEVILLE CLUBHOUSE DRIVE CITY-ST-ZIP BROOKSVILLE, FL 34614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE MGR NAME OPTIMA DHM CORP STREET ADDRESS 18200 SEVILLE CLUBHOUSE DR CITY-ST-ZIP BROOKSVILLE FL 34614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] NACHUM KALKA 352-596-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #