


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 Suite, Apt. #, etc.	3. Mailing Address PO BOX 3179 Suite, Apt. #, etc.
City & State	City & State HOMOSASSA SPRNGS, FL
Zip	Country
34447	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	
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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	
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.

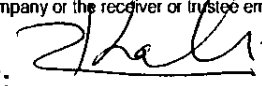
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEW SEVILLE HOLDING CORP. 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OPTIMA DHM CORP 18200 SEVILLE CLUBHOUSE DR BROOKSVILLE FL 34614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **NACHUM KALKA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

352-596-7888