

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90021 001 \*\*\*250.00

<b>DOCUMENT # L01000012375</b>					
<b>1. Entity Name</b> DUNE DEVELOPMENT, LLC					
<b>Principal Place of Business</b> 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614			<b>Mailing Address</b> P.O. BOX 3179 HOMOSASSA SPRINGS, FL 34447		
<b>2. Principal Place of Business - No P.O. Box #</b> 3 CYPRESS RUN			<b>3. Mailing Address</b>		
Suite, Apt. #, etc. #33C			Suite, Apt. #, etc.		
<b>City &amp; State</b> HOMOSASSA, FL			<b>City &amp; State</b>		
<b>Zip</b> 34446		<b>Country</b> CITRUS		<b>4. FEI Number</b> 59-3734632	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COCCHI, JAMES V 18200 SEVILLE CLUB HOUSE DRIVE BROOKSVILLE, FL 34614			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR OPTIMA DHM CORP 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	3 CYPRESS RUN #33C HOMOSASSA, FL 34446 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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<b>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.</b>					
<b>SIGNATURE:</b>			NACHUM KALIKA 1-10-07 352-382-7138		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		