2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90195 020 ****50.00

DOCUMENT # L01000013956

1. Entity Name
FALRY DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
214 HILLCREST STREET SUITE 2 LAKELAND, FL 33815 US	214 HILLCREST STREET SUITE 2 LAKELAND, FL 33815 US

03202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business: 4683 East CR 540A
Suite, Apt #, etc.
City & State: Lakeland FL
Zip: 33813 Country: USA

3. Mailing Address: 4683 East CR 540A
Suite, Apt. #, etc.
City & State: Lakeland FL
Zip: 33813 Country: USA

4. FEI Number: 59-3744672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCQUILLEN, DUANE
214 HILLCREST STREET
LAKELAND, FL 33815

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4683 East CR 540A
City: Lakeland FL Zip Code: 33813

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: Duane McQuillen
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	PST MCQUILLEN, DUANE 214 HILLCREST ST SUITE 2 LAKELAND, FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	4683 East CR 540A Lakeland, FL 33813	☑ Change ☐ Addition
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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: Duane McQuillen 3/22/2006 863 647-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #