2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # L01000018637						7 90314 003 ****50		
1. Entity Nam	e DEVELOPMENT LLC							
CARIVIEL	DEVELOPMENT LLC							
Principal Place	e of Business	Mailing Address			000 4	04/4		
3740 CURTIS BOULEVARD		3740 CURTIS BOULEVARD		Ì		_		
#108 Port St John, FL 32927 US		#108 Port St John, Fl. 32927 US			•			
2. Principal Place of Business - No P.O. Box #		3. Mairing Address 3860 Curtis Blud				iil balal ilaal 1800 7 000 000 000	B B) 111 15 B	
Suite, Apt. #, etc. # 636		Suite, Apt. #, etc. # 636		04202007	Chg-LLC	CR2E083 (12/06)		
City & State PORT ST JOHN FZ		City & State		4. FEI Numb			plied For	
Zip	Country	Zip	Country	59-37		\$6.00 444	t Applicable	
3292		32927	USA		of Status Desired	Fee Required		
·····	6. Name and Address of Current R	tegistered Agent	Name	7. Name an	d Address of New I	Registered Agent		
CCG HOLDINGS, INC 3740 CURTIS BOULEVARD			Street Ad	Straes Address (P.O. Box Number (ANOt Acceptable)				
108			-286	0 4065	Duchus	Kocd		
PORT ST. JOHN, FL 32927								
			City C	AT ST JO	Her	FL Zip Sod	?27	
	named eathy submits this statement for ions of registered agent.	the purpose of changing its	registered office or r	registered agent, or b	oth, in the State of Fl	lorida. I am familiar with,	and accept	
SIGNATURE .	MMMMON	Consider.	COL DAL	ings Tag		4/26/2007	7	
		TRUDICATION	CCO MIXX	ルトロラ・ナルド		71001000		
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature	re requires when re-nstating)	<u>-</u>	DATE		
FI	Signature, typed or printed name of registered agent and ling Fee Is \$50.00 ue by May 1, 2007	nd title if applicable. (NOTE	Registered Agent aignature	e requires when remstating)		ke check payable to		
FI	ling Fee is \$50.00		Registered Agent agnature	e required when rewstating)	Florid	Ne check payable to		
9.	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGRM		10.	e required when revestating)	Florid	ke check payable to la Department of State		
9. IITLE NAME	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGRM YUSEM, MELVYN R	RS/MANAGERS	10. TITLE NAME	re required when remataling)	Florid	Ne check payable to la Department of State	9	
9.	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGRM	RS/MANAGERS	10.	re requires when remstating)	Florid	Ne check payable to la Department of State	9	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM YUSEM, MELVYN R 3740 CURTIS BOULEVARD, SUIT PORT ST JOHN, FL 32927 MGRM	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	e required when remstating)	Florid	Ne check payable to la Department of State	9	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM YUSEM, MELVYN R 3740 CURTIS BOULEVARD, SUIT PORT ST JOHN, FL 32927 MGRM C.C.G. HOLDINGS, INC	TE 108	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		ADDITIONS	ke check payable to la Department of State //CHANGES Change	Addition	
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indicated on this report is true and applied and that my signature shall have the same legal effect as if made under each; that I am a managing member or manager of the limited liability company or the reserver or trustee empowered to receive this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BIGNATURE:

BIGNAT