

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000001174

1. Entity Name
ALBRITTON DEVELOPMENT, LLC



Principal Place of Business
**909 EAST ALBRITTON ROAD
AVON PARK, FL 33825**

Mailing Address
**909 EAST ALBRITTON ROAD
AVON PARK, FL 33825**



D1112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0411526

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NUNNALLEE, THOMAS L
325 NORTH COMMERCE AVENUE
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALBRITTON, DANIEL G
4341 E. KEVIN ROAD
AVON PARK, FL 33825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALBRITTON, MARSHALL G
97 LAKE BYRD BLVD
AVON PARK, FL 33825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000388373
01/20/06-80002-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Daniel G. Albritton

1-12-06

863-453-3318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #