



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000001395</b> 1. Entity Name 2880 DEVELOPMENT GROUP, LLC		
Principal Place of Business 214 BRAZILIAN AVE. SUITE 200 PALM BEACH, FL 33480	Mailing Address 214 BRAZILIAN AVE. SUITE 200 PALM BEACH, FL 33480	
<b>DO NOT WRITE IN THIS SPACE</b>		 01092007No Chg-LLC CR2E083 (11/05)
		4. FEI Number 03-0379570 Applied For Not Applicable
6. Name and Address of Current Registered Agent EVANS, LESLIE R 214 BRAZILIAN AVE. SUITE 200 PALM BEACH, FL 33480		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
Filing Fee is \$50.00 Due by May 1, 2007 000000609150 02/01/07-80033-020 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, LESLIE R 214 BRAZILIAN AVE, STE 200 PALM BEACH, FL 33480	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, BORDEN E 1200 ASHWOOD PKWY, STE 300 ATLANTA, GA 30338	
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		
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: <u>Leslie R. Evans Pres</u> 1-25-07 561-832 8253 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		