


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L02000002348 |  |
| 1. Entity Name REICHEL DEVELOPMENT, LLC | |

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|--|--|
| Principal Place of Business 4524 GUN CLUB ROAD SUITE 212, ATTN: WILLIAM B. REICHEL WEST PALM BEACH FL 33415 | Mailing Address 4524 GUN CLUB ROAD SUITE 212, ATTN: WILLIAM B. REICHEL WEST PALM BEACH FL 33415 |
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|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E083 (10/04)

| | | |
|---|--|--|
| 4. FEI Number 01-0588975 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | |
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| 6. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH FL 33401 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P REICHEL, WILLIAM B 4534 GUN CLUB RD STE 212 WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000207188 02/01/05-80035-017 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William Reichel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____