

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010721

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** CHINATOWN DEVELOPMENT, LLC

**Current Principal Place of Business:**

5060 W. COLONIAL DR., SUITE 105  
ORLANDO, FL 32808

**New Principal Place of Business:**

5060 W. COLONIAL DRIVE  
105  
ORLANDO, FL 32808

**Current Mailing Address:**

5060 W. COLONIAL DR., SUITE 105  
ORLANDO, FL 32808

**New Mailing Address:**

5060 W. COLONIAL DRIVE  
105  
ORLANDO, FL 32808

**FEI Number:** 01-0677264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WONG, MAN CHING  
5060 W. COLONIAL DR  
STE 105  
ORLANDO, FL 32808 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LING, KIM YEUNG  
**Address:** 1010 RACE STREET, 1ST FLOOR, STE3  
**City-St-Zip:** PHILADELPHIA, PA 19107

**Title:** MGRM  
**Name:** THAI, MINH  
**Address:** 1 ALLEN STREET  
**City-St-Zip:** NEW YORK, NY 10002

**Title:** MGRM  
**Name:** CHOI, STEPHEN  
**Address:** 1 ALLEN STREET  
**City-St-Zip:** NEW YORK, NY 10002

**Title:** MGRM  
**Name:** PANG, WAI KUEN  
**Address:** 1112 BUTTONWOOD STREET, UNIT A  
**City-St-Zip:** PHILADELPHIA, PA 19123

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** KIM Y. LING

MGRM

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date