


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90505 001 ***100.00

DOCUMENT # L02000013020	
1. Entity Name PHILADELPHIA DEVELOPMENT CO., L.C.	

Principal Place of Business 3801 PGA BLVD STE 107 PALM BEACH GARDENS FL 33410	Mailing Address 3801 PGA BLVD STE 107 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business - No P.O. Box # 3535 Military Trail #101 Suite, Apt. #, etc. Jupiter FL	3. Mailing Address 3535 Military Trail Suite, Apt. #, etc. #101
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1st MOORE CR2E083 (10/06)

City & State 33458	City & State Jupiter FL
Zip 33458	Country

4. FEI Number 56-2417397	Applied For Not Applicable
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6. Name and Address of Current Registered Agent SHERRY LEFKOWITZ HYMAN ESQ 3801 PGA BLVD STE 107 PALM BEACH GARDENS FL 33410	
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7. Name and Address of New Registered Agent Name Street Adc 3535 Military Trail Suite 101 Jupiter, FL 33458 City 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 	DATE 4/19/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADMIRALS COVE ASSOCIATES, LTD 3801 PGA BLVD. STE 107 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONE VENTURES, LLC 3801 PGA BLVD. STE 107 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. JS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3535 Military Trail Suite 101 Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3535 Military Trail Suite 101 Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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: 	Thomas Frankel 1-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #