2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000016607

1. Entity Name
CMC DEVELOPMENT, L.L.C.

POSTED

Principal Place of Business	Mailing Address
2560 RCA BLVD., SUITE 112 PALM BEACH GARDENS, FL 33410	2560 RCA BLVD., SUITE 112 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

01182005No Chg-LLC CR2E063 (11/05)

4. FEI Number
65-0232971

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAPIN, NANCY
2560 RCA BLVD., SUITE 112
PALM BEACH GARDENS, FL 33410

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

H00000045323
03/11/06-80023-003 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CHAPIN, ROY
STREET ADDRESS	2560 RCA BLVD., SUITE 112
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGR
NAME	CHAPIN, NANCY
STREET ADDRESS	2560 RCA BLVD., SUITE 112
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGR
NAME	MEADS, LAURENCE
STREET ADDRESS	7775 NOLL VALLEY ROAD
CITY-ST-ZIP	VERONA, WI 53593
TITLE	MGR
NAME	MEADS, MINDY
STREET ADDRESS	7775 NOLL VALLEY ROAD
CITY-ST-ZIP	VERONA, WI 53593
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #