


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 08, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000018470</b> 1. Entity Name <b>ENGEL DEVELOPMENT LLC</b>	
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Principal Place of Business <b>360 FRANKLYN AVENUE INDIALANTIC, FL 32903</b>	Mailing Address <b>360 FRANKLYN AVENUE INDIALANTIC, FL 32903</b>
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**DO NOT WRITE IN THIS SPACE**



01142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>71-0894458</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ENGEL, CHRISTOPHER 360 FRANKLYN AVENUE INDIALANTIC, FL 32903</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

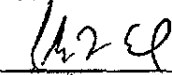
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENGEL, CHRISTOPHER 360 FRANKLYN AVENUE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENGEL, DEBORAH K 360 FRANKLYN AVENUE INDIALANTIC, FL 32903
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04/08/05-80037-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> 	<b>4-1-05</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone</small>