

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022829

Entity Name: DNN DEVELOPMENT, LLC

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34102

New Principal Place of Business:

3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34103

Current Mailing Address:

3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34102

New Mailing Address:

3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34103

FEI Number: 06-1648999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LADEMAN, CARRIE E
3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

LADEMAN, CARRIE E
3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34103 US

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:

06/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOVELLA, RALPH
Address: 8770 KING LEAR CT
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: NOVELLA, JOSSELYN R
Address: 8770 KING LEAR CT
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: DVORAK, ROBERT E III
Address: 1007 39TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: MGRM () Delete
Name: DVORAK, KIMBERLY T
Address: 1007 39TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSSELYN R NOVELLA

MGM

06/29/2005

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