

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022910

FILED
Jul 24, 2005
Secretary of State

Entity Name: APPLGATE DEVELOPMENT, L.L.C.

Current Principal Place of Business:

P.O. BOX 1249
ELFERS, FL 34680 US

New Principal Place of Business:

2238 EDELWEISS LOOP
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

P.O. BOX 1249
ELFERS, FL 34680 US

New Mailing Address:

2238 EDELWEISS LOOP
NEW PORT RICHEY, FL 34655 US

FEI Number: 01-0744275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

APPLEGATE, DAVID D
2238 EDELWEISS LOOP
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

APPLEGATE, DAVID D
2238 EDELWEISS LOOP
NEW PORT RICHEY, FL 34655 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: DAVID D. APPLGATE

07/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: APPLGATE, DAVID D TRUSTEE
Address: 2238 EDELWEISS LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: APPLGATE, DAVID D TRUSTEE
Address: 2238 EDELWEISS LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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: DAVID D. APPLGATE

MGRM

07/24/2005

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