
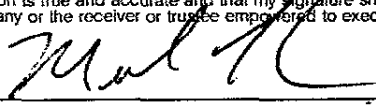


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000029607 1. Entity Name LL DEVELOPMENT, L.L.C.		
Principal Place of Business 786 N BEAL OFFICE PARK SUITE 1-B FORT WALTON BEACH, FL 32547	Mailing Address 786 N BEAL OFFICE PARK SUITE 1-B FORT WALTON BEACH, FL 32547	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARK A. VIOLETTE, P.A. 34990 EMERALD COAST PKWY DESTIN, FL 32541		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYATT, DEREK E 786 N BEAL OFFICE PARK, SUITE 1-B FORT WALTON BEACH, FL 32547	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THUMMA, MERLE L 786 N BEAL OFFICE PARK, SUITE 1-B FORT WALTON BEACH, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



02022006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1854350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U00000546784
05/11/06-80129-017 50.00

**DO NOT WRITE
IN THIS SPACE**

2-10-2006 8309800

Date

Daytime Phone #