

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029812

**FILED**  
**Jan 26, 2006**  
**Secretary of State**

**Entity Name:** MEADOW OAKS DEVELOPMENT, L.C.

**Current Principal Place of Business:**

11324 RIDGE RD  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

11324 RIDGE RD  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

**FEI Number:** 04-3723440      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOYCE, M D  
11324 RIDGE RD  
NEW PORT RICHEY, FL 34654      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** BOYCE, M.D.  
**Address:** 11324 RIDGE RD  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES:**

**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 Chapter 119, 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: MD BOYCE

MGRM

01/26/2006

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