
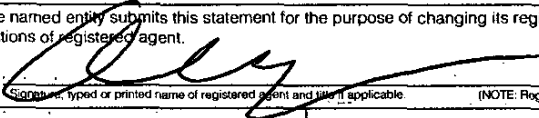
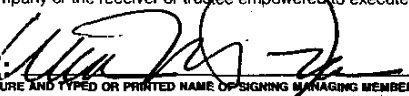


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90029 022 \*\*\*\*50.00

<b>DOCUMENT # L02000030681</b> 1. Entity Name <b>CAN-AM DEVELOPMENT LLC</b>		
Principal Place of Business <b>1925 SW MACEDO BLVD PORT ST LUCIE, FL 34982</b>		Mailing Address <b>1529 SE ROYAL GREEN CIR SUITE S. 204 PORT ST LUCIE, FL 34952</b>
2. Principal Place of Business <b>1922 SW Baltimore St</b> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <b>1922 SW BALTIMORE ST</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Port St Lucie FL</b> <small>Zip</small> <b>34984</b> <small>Country</small> <b>St. Lucie</b>	City & State <b>Port St Lucie</b> <small>Zip</small> <b>34984</b> <small>Country</small> <b>St. Lucie</b>	4. FEI Number <b>32-0046801</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>CHLADNY, RAYMOND 4540 NE SANDPEBBLE TRACE #306 STUART, FL 34996</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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 		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>
TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>MOROZIUK-ROTHER, JILL W</b> STREET ADDRESS <b>1529 SE ROYAL GREEN CIR. S.204</b> CITY-ST-ZIP <b>PORT ST LUCIE, FL 34952</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>CHLADNY, RAYMOND</b> STREET ADDRESS <b>4540 NE SANDPEBBLE TRACE #306</b> CITY-ST-ZIP <b>PORT ST. LUCIE, FL 34996</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>BRIANS, LARRY</b> STREET ADDRESS <b>1995 SE GRIFFEN AVE.</b> CITY-ST-ZIP <b>PORT ST. LUCIE, FL 34952</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>MCQUILLAN, WILLIAM</b> STREET ADDRESS <b>3322 SE RIVER VISTA DRIVE</b> CITY-ST-ZIP <b>PORT ST LUCIE, FL 34952</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 606, Florida Statutes.		
SIGNATURE 		Date <b>3/31/05</b> Daytime Phone # <b>7723442101</b>