
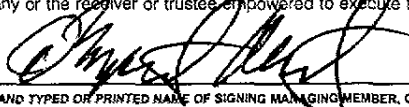


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000032543		
1. Entity Name STARFISH DEVELOPMENT, LLC		
Principal Place of Business 88-A N. HOLIDAY ROAD DESTIN, FL 32550	Mailing Address 88-A N. HOLIDAY ROAD DESTIN, FL 32550	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARTIN, D. BRYANT 662 HIGHWAY 98E, UNIT 940 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 file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, D. BRYANT 662 HIGHWAY 98E, UNIT 940 DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, CHRISTINA F 662 HIGHWAY 98E, UNIT 940 DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>		



02032006No Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1033977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U00000532597
05/06/06-80091-006 50.00

4/19/06 82065P3173
Date Daytime Phone #