

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

02-27-2006 90419 023 ****50.00

DOCUMENT # L03000005219 1. Entity Name ATHYRIO DEVELOPMENT ASSOCIATES, LLC					
Principal Place of Business 3640 AIRPORT ROAD BUILDING 12 #1A BOCA RATON, FL 33431 US			Mailing Address PO BOX 811987 BOCA RATON, FL 33481		
2. Principal Place of Business 9101 W College Pointe Dr Suite, Apt. #, etc. Suite 1		3. Mailing Address PO BOX 1662 Suite, Apt. #, etc.			
City & State FORT MYERS FL		City & State FORT MYERS FL		4. FEI Number 02-0688333	
Zip 33919		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KINSEY, JOHN T PO BOX 811987 BOCA RATON, FL 33481			7. Name and Address of New Registered Agent Name JAMES E KINSEY JR Street Address (P.O. Box Number is Not Acceptable) 1230 WESTFIELD DR City FORT MYERS FL Zip Code 33919		
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 JAMES E KINSEY JR 3/13/06 <small>Signature of registered agent or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NBD DEVELOPMENT INC PO BOX 811987 BOCA RATON, FL 33481		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR 5600 NW 23 TERR. BOCA RATON FL 33496	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM STARBOARD DEVELOPMENT CORP PO BOX 1662 FORT MYERS FL 33902-1662		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: James E Kinsey Jr MGRM 2/21/06 2399391367 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

30002721



01092006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

30002721

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

ATHYRIO DEVELOPMENT ASSOCIATES, LLC
PO BOX 1662
FORT MYERS, FL 33902

Subject: **ATHYRIO DEVELOPMENT ASSOCIATES, LLC**

Reference Number: **L03000005219**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION