2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000005219

1. Entity Name
ATHYRIO DEVELOPMENT ASSOCIATES, LLC



FILED Mar 23, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

9101 W COLLEGE POINTE DR STE 1 FORT MYERS, FL 33919 US POB 1662

FORT MYERS, FL 33902



02282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0688333	 <u> </u>	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

KINSEY, JAMES E JR 1230 WESTFIELD DR FORT MYERS, FL 33919

SIGNATURE:

SIGNATURE AND TYP

ED OR PRINTED NAME OF SIGNING H

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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.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signeture required when reinstating)	DATE	
FI	ling Fee is \$50.00 ue by May 1, 2007	(Inc.) 12. Helps: Gent Agent a Spiriture recipied which i de society)		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NBD DEVELOPMENT INC 5600 NW 23 T ERR BOCA RATON, FL 33496		unnanns75799	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STARBOARD DEVELOPMENT CORP POB 1662 FORT MYERS, FL 339021662		000000675799 03/30/07-80034-014 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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.

MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE