2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 25, 2005 08:00 AM DOCUMENT # L03000023595 **Secretary of State** REGIONAL DEVELOPMENT/27, LLC Principal Place of Business Mailing Address 11507 NORTH SHORE GOLF CLUB BLVD 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832 ORLANDO, FL 32832 01042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 27-0061482 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RUSSELL, DOUGLAS R DO NOT WRITE 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832_ 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE NAME RUSSELL, DOUGLAS R 11507 NORTH SHORE GOLF CLUB BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32832 MGR TITLE HOOKER, DOUGLAS P NAME STREET ADDRESS 5511 HANSEL AVE ORLANDO, FL 32809 CITY-ST-ZIP TITLE MGR SECRIST, III, ROBERT L NAME 11507 NORTH SHORE GOLF CLUB BLVD STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32832 IN THIS SPACE MGR TITLE HOOKER, MARCUS P NAME STREET ADDRESS 5511 HANSEL AVE CITY-ST-ZIP ORLANDO, FL 32809 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 Tapelver or truesce empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

407-243-986

Daytime Phone #