


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 033 ****50.00

DOCUMENT # L03000026377	
1. Entity Name RICHARDSON DEVELOPMENT & HOLDINGS, LLC	

Principal Place of Business 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312 US	Mailing Address 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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95 S Federal Hwy, Ste 200 Boca Raton, FL 33432	95 S Federal Hwy, Ste 200 Boca Raton, FL 33432
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Zip USA	Country USA	Zip USA	Country USA
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6. Name and Address of Current Registered Agent

BRANDON BROWN PL 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312

02162007	Chg-LLC	CR2E083 (12/06)
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4. FEI Number 16-1677356	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
95 S Federal Hwy, Ste 200	
City Boca Raton, FL 33432	FL Zip Code

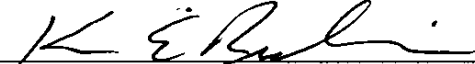
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, KENNETH 3900 SW 30TH AVE., SUITE 3 FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 95 S Federal Hwy, Ste 200 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, SUSAN 3900 SW 30TH AVE., SUITE 3 FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 95 S Federal Hwy, Ste 200 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 4/27/07	Daytime Phone #: 561-869-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

DOCTED