

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000032234

1. Entity Name

CONTRACTORS BUSINESS PARK DEVELOPMENT, LLC



Principal Place of Business

1350 E. NEWPORT CENTER DR, STE 206
DEERFIELD BEACH, FL 33442

Mailing Address

1350 E. NEWPORT CENTER DR, STE 206
DEERFIELD BEACH, FL 33442



04212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0187059

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAY LAW OFFICES
ATTN: JAMES R. KAY, ESQ
700 VILLAGE SQUARE CROSSING, STE 102B
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

6. 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

**Filing Fee is \$50.00
Due by May 1, 2006**

000000541016
05/10/06-80040-022 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REIBLING, GUENTHER
STREET ADDRESS	1350 E. NEWPORT CENTER DR, STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	MERRIGAN, PETER
STREET ADDRESS	118 MILK ST.
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	KASSOF, LINDA
STREET ADDRESS	1350 E. NEWPORT CENTER DR, STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	TULLY, SCOTT
STREET ADDRESS	118 MILK ST.
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	GOVAN, CRAIG
STREET ADDRESS	1350 E. NEWPORT CENTER DR, STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Linda G. Kassof

Linda G. Kassof

04/27/2006

(954) 428-4585

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

Date

Daytime Phone #