

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033313

FILED
Feb 25, 2006
Secretary of State

Entity Name: OSCEOLA DEVELOPMENT, LC

Current Principal Place of Business:

34350 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

34350 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 20-0899094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAKIM, JEAN F
34350 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

HAKIM, JEAN F
5400 TECH DATA DR
CLEARWATER, FL 33760 US

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.

SIGNATURE: JEAN F HAKIM

02/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAKIM, GILBERT
Address: 34350 U.S. HIGHWAY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Delete
Name: HAKIM, JEAN
Address: 34350 U.S. HIGHWAY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAKIM, GILBERT
Address: 5400 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM (X) Change () Addition
Name: HAKIM, JEAN
Address: 5400 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEAN F HAKIM

MGRM

02/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date