

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034107

FILED
Jul 14, 2006
Secretary of State

Entity Name: BRANCO DEVELOPMENT, LLC

Current Principal Place of Business:

3550 GALT OCEAN DRIVE
APT# 411
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

3550 GALT OCEAN DRIVE
APT# 411
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

240 GRAVEL HILL ROAD
MONROE TOWNSHIP, NJ 08831 US

FEI Number: 54-2134646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRANCIFORTE, GENE
3550 GALT OCEAN DRIVE
APT. # 411
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

BRANCIFORTE, GENE
3500 GALT OCEAN DRIVE
101
FORT LAUDERDALE, FL 33308 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:

07/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRANCIFORTE, GENE
Address: 3550 GALT OCEAN DRIVE, APT. #411
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRANCIFORTE, GENE
Address: 240 GRAVEL HILL ROAD
City-St-Zip: MONROE TOWNSHIP, NJ 08831 US

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: GENE BRANCIFORTE

MGR

07/14/2006

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