

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

8/31/2005-90065-040-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 10 AM 9:36

DOCUMENT # 103000034708
1. Entity Name
PARTHENON DEVELOPMENT AND DESIGN, LLC

DO NOT WRITE IN THIS SPACE

20067011

2. Principal Place of Business 631 NE 59TH ST. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 54-2125467		Applied For Not Applicable	
City & State FT. LAUDERDALE, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 33334		Country US		Zip		Country	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent			
		Name OSCAR A. CABRERA			
		Street Address (P.O. Box Number is Not Acceptable) 631 NE 59TH ST.			
		City FT. LAUDERDALE			
		FL		Zip Code 33334	

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 OSCAR A. CABRERA 8/1/2005
Signature, typed or printed name of registered agent and title if applicable. DATE

RECEIVED
DIVISION OF CORPORATIONS
AUG 1 2005

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSCAR A CABRERA 631 NE 59TH ST. FT. LAUDERDALE, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OSCAR A CABRERA 8/1/2005
Signature and typed or printed name of signed managing member, manager, or authorized representative Date Daytime Phone #