

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90015 014 \*\*\*\*55.00

DOCUMENT # L03000035042

1. Entity Name

3901 DEVELOPMENT LLC



Principal Place of Business

C/O MITCHELL TAYLOR  
1251 SOUTH FEDERAL HIGHWAY  
BOCA RATON FL 33432

Mailing Address

C/O MITCHELL TAYLOR  
1251 SOUTH FEDERAL HIGHWAY  
BOCA RATON FL 33432

2. Principal Place of Business

4019 S. Ocean Blvd

Suite, Apt. #, etc.

3. Mailing Address

4019 S. Ocean Blvd

Suite, Apt. #, etc.

City & State

Highland Beach FL

Zip 33487

Country

FLA

City & State

Highland Beach, FL

Zip 33487

Country

USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MITCHELL  
1251 SOUTH FEDERAL HIGHWAY  
UNIT #110  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME TOTH, TIBOR  
STREET ADDRESS 4019 SOUTH OCEAN BLVD  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE MANAGER  
NAME TOTH, ANIKO  
STREET ADDRESS 4019 S. Ocean Blvd  
CITY-ST-ZIP Highland Bch, FL 33487

TITLE MANAGER  
NAME TOTH, ZOLTAN  
STREET ADDRESS 963 Hillsboro Mile  
CITY-ST-ZIP Hillsboro Bch, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

2-22-05