2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 03000036469

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Jan 18, 2005 8:00 am Secretary of State 01-18-2005 90180 037 ****50.00

FILED

1. Entity Nam	DEVELOPMENT, LLC							
Principal Place	a of Business	Mailing Address	, <u>.</u> l					
PMB 348, 755 GRAND BOULEVARD, SUITE B105 PMB 34		PMB 348, 755 GRAND DESTIN, FL 32550	MB 348, 755 GRAND BOULEVARD, SUITE B105 ESTIN, FL 32550			٠,		
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		011420		CR2E083 (10	· · ·	
City & State		City & State		4. FEI Nu 20-0	mber 380377		Applied For Not Applicable	
=Zip ←	Country's	Zip	Country	5. Certific	ate of Status Desired		O Additional———	
	6. Name and Address of Current I	Registered Agent		7. Name	and Address of New			
BUDIE 1	TOOD 500		Name					
BURKE, M. TODD ESQ BURKE, BLUE & HUTCHISON, P.A. 215 GRAND BLVD., STE. 101			Street A	Street Address (P.O. Box Number is Not Acceptable)				
DESTIN, F								
		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 requ) 	DATE		
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Fi De	ling Fee is \$50.00 ue by May 1, 2005					ke check payable la Department of		
Fi Do	MANAGING MEMBE	RS/MANAGERS	10.		Florie			
9.	MANAGING MEMBER MGR	RS/MANAGERS	TITLE		Florie	ia Department of	State	
9. TITLE	MANAGING MEMBER MGR SPRENKLE, JASON	Delete .	TITLE NAME		Florie	da Department of	State	
9.	MANAGING MEMBER MGR	Delete	TITLE		Florie	da Department of	State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR SPRENKLE, JASON 1414 COUNTY HIGHWAY 283 SG SANTA ROSA BEACH, FL 32459 MGR	Delete	TITLE NAME STREET ADDRESS		Florie	da Department of	State Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR SPRENKLE, JASON 1414 COUNTY HIGHWAY 283 ST SANTA ROSA BEACH, FL 32455 MGR MCCARTHY, PATRICK	Delete DUTH, PMB 119 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florie	da Department of	State Addition	
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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: Jate M. Cart Manager, Yetvick McCarthy SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE