

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90040 001 ***100.00

DOCUMENT # L03000039253

1. Entity Name
FLORIDA DEVELOPMENT CONSULTANTS, LLC



Principal Place of Business
11891 US HIGHWAY ONE, STE. 100
NORTH PALM BEACH, FL 33408

Mailing Address
11891 US HIGHWAY ONE, STE. 100
NORTH PALM BEACH, FL 33408

34004381



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HACKNEY, ROBERT C
11891 US HIGHWAY ONE, STE. 100
NORTH PALM BEACH, FL 33408

Name

N/A.

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PALMERI, RICHARD
STREET ADDRESS 11891 US HIGHWAY ONE, STE. 100
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PROCTOR, GREG
STREET ADDRESS 11891 US HIGHWAY ONE, STE. 100
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

04.17.04

Date

Daytime Phone #