

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050418

FILED
Aug 23, 2006
Secretary of State

Entity Name: ART PATERSON DEVELOPMENT LLC

Current Principal Place of Business:

430 EAST RAILROAD AVE.
BOX 1446
BOCA GRANDE, FL 33921 US

New Principal Place of Business:

111 12TH AVENUE EAST
PALMETTO, FL 34221 US

Current Mailing Address:

430 EAST RAILROAD AVE.
BOX 1446
BOCA GRANDE, FL 33921 US

New Mailing Address:

111 12TH AVENUE EAST
PALMETTO, FL 34221 US

FEI Number: 59-3773491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

PATERSON, ARTHUR
430 EAST RAILROAD AVE.
BOX 1446
BOCA GRANDE, FL 33921 US

Name and Address of New Registered Agent:

PATERSON, ARTHUR
111 12TH AVENUE EAST
PALMETTO, FL 34221 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: ARTHUR R. PATERSON

08/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATERSON, ART
Address: BOX 1446
City-St-Zip: BOCA GRANDE, FL 33921 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATERSON, ARTHUR
Address: 111 12TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221 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: ARTHUR R. PATERSON

MGRM

08/23/2006

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