## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000051419**

1. Entity Name
ARRESTED DEVELOPMENT, L.L.C.



**FILED** Apr 14, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

319 BIRD KEY DRIVE SARASOTA, FL 34236 319 BIRD KEY DRIVE SARASOTA, FL 34236

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04112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 83-0377755	 Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

KOHL-HELBIG, LAUREN 1800 SECOND STREET, #901 SARASOTA, FL 34238

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changings of registered agent.	ging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept								
SIGNATURE Signature, typed or printed herrie of inquinteed agent and late if applicable. (NOTE: Registered Agent agreeurs required when reinstating). DATE											
	iling Fee is \$50.00 ue by May 1, 2005										
3.	MANAGING MEMBERS/MANAGERS										
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	MGR LYTLE, GEORGE G 319 BIRD KEY DRIVE SARASOTA, FL 34236		Hooopooneese								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		04,	.U00000335575 14/05-80089-014 50.00								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	S SPACE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZP											
11. I hereby of indicated limited list	certify that the information supplied with this filling does not queen this report is true and accurate and that my signature shall be company or the respicer or trustee emparagement to execute.	palify for the exemption stated in Section 119.07(3)(i), Florida ill have the same legal effect as if made under oath; that I are ute this report as required by Chapter 608, Florida Statutes.	Statutes. I further certify that the information in a managing member or manager of the								

NE MATAGINE MEMBER, OR AUTHORIZED REPRESENTATIVE