

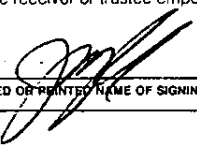


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90105 003 \*\*\*\*55.00

<b>DOCUMENT # L03000052076</b> 1. Entity Name <b>M.I. DEVELOPMENT COMPANY, LLC</b>					
Principal Place of Business <b>601 EAST TOWNBANK ROAD NORTH CAPE MAY, NJ 08204</b>			Mailing Address <b>P.O. BOX 2402 CAPE MAY, NJ 08204</b>		
2. Principal Place of Business <b>809 Amazon CT</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>MARCO ISLAND, FL</b>		City & State  		01042005 Chg-LLC CR2E083 (10/03)	
Zip <b>34145</b>		Country <b>USA</b>		4. FEI Number <b>20-0472137</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MUNDIE, FRED W JR. 993 N. COLLIER BLVD. MARCO ISLAND, FL 34145</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSON, JAMES M 601 EAST TOWNBANK ROAD NORTH CAPE MAY, NJ 08204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSON, JAMES M 809 Amazon CT MARCO ISLAND, FL 34145
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  <b>JAMES M. HANSON</b> 1-19-05 609-884-9185 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					