

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-12-2005 90013 033 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000007060
 1. Entity Name
DENTON DEVELOPMENT, LLC



Principal Place of Business
**4653 19TH ST COURT EAST
 BRADENTON FL 34203**

Mailing Address
**4653 19TH ST COURT EAST
 BRADENTON FL 34203**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
542143879

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SERCHAY, ALLAN
 5300 NW 33 AVE, STE 117
 FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent
 Name
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Anthony Bruscia 4904 W. Auster W Bradenton FL 34210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dennis F Martin 4128 Anar Dr Bradenton FL 34210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President
TITLE NAME STREET ADDRESS CITY - ST - ZIP	David Martin 717 Sunny Brook Sioux Falls SD 57105	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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: *Anthony Bruscia* Date: **3/31/05** 941/708-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE