

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)



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

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

30004333



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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 542143879	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SERCHAY, ALLAN 5300 NW 33 AVE, STE 117 FT LAUDERDALE FL 33309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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. Alverton 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: 			Date: 3/31/05 941/708-0977		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					