2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006
Secretary of State

DOCUMENT# L04000027028

Entity Name: ASPIRANT DEVELOPMENT, LLC

Current Principal Place of Business:

400 CAPITAL CIRCLE SE
#18-174
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

400 CAPITAL CIRCLE SE
#18-174
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-0993600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MCFARLANE, CORY
400 CAPITAL CIRCLE SE
#18-160
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MCFARLANE, CORY
400 CAPITAL CIRCLE SE
#18-174
TALLAHASSEE, FL 32301 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: CORY MCFARLANE 07/19/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCFARLANE, CORY
Address: 400 CAPITAL CIRCLE SE #18-174
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGR (X) Delete
Name: SHEPARD, SPENCER
Address: 400 CAPITAL CIRCLE SE #18-174
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CORY MCFARLANE PRES 07/19/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date