


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90027 007 \*\*\*\*50.00

**DOCUMENT # L04000027191**

1. Entity Name  
**CONSANI DEVELOPMENT, LLC**



Principal Place of Business  
**415 S. BABCOCK STREET  
 MELBOURNE, FL 32901**

Mailing Address  
**415 S. BABCOCK STREET  
 MELBOURNE, FL 32901**

30007586



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04112005 Chg-LLC CR2E083 (10/03)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**20-0982507**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

**FRESE, GARY B  
 930 S. HARBOR CITY BLVD., STE. 505  
 MELBOURNE, FL 32901**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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	<b>Kenneth L. Constantino</b> <input type="checkbox"/> Delete <b>415 S. Babcock St. Melbourne, FL 32901</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David L. Nagrodsky</b> <input type="checkbox"/> Delete <b>411 S. Babcock St. Melbourne, FL 32901</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Daljit Saini</b> <input type="checkbox"/> Delete <b>415 S. Babcock St. Melbourne, FL 32901</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ **4/12/05** **321. 727.9086**  
SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #